2nd European Conference on Cognitive Science

REGISTRATION FORM

9-11 April 1997
Manchester, U.K.
Holly Royde Conference Centre

Personal details

Name ____

Address ____

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WWW _______________ Email _____________________

Phone __________________ Fax ___________________

List of European societies eligible for discounted rate

ACC AEPIA AIIA AISB ARC EACE EARLI ESCP ESSCS GK NVKI SGAICO

Name of society_______________ Membership no.__________

Where did you see this Conference advertised?

____

Information about Registration

Please read this carefully

The ECCS 1997's sister conference AISB97 is being handled by the AISB Executive Office. If you wish to register for both conferences or for ECCS97+AISB tutorial (see table below for rates) please use **this** form - unless you are an AISB member in which case you should use the AISB form.

Late Registration

Please note: registrations postmarked after **1 March 1997** count as late registrations.

Registration fees

Registration fees include course materials (if appropriate), lunch (except in the case of students) and refreshments. *Please note that if you wish to register as a member of an eligible European society, you must send your membership number with this form*

		MEMBER				NON-MEMBER	
Activity	Days	Student		Other			
		Early	Late	Early	Late	Early	Late
ECCS97	3	80	90	130	150	160	170
AISB97 tutorial+ ECCS97	4	90	100	160	180	190	210
AISB97+ ECCS97	5	100	110	180	200	210	230
Dinner& B&B	per night	25	30	30	35	30	35

Registration Fee

Name of event__________________________________Status________________ Cost =_____

Cost of accommodation

	7	8	9	10	11	12			April 1997	
Bed & Breakfast + evening meal	Mon ___	Tue ___	Wed ___	Thur ___	Fri ___	Sat ___	Other* _______	___	days x	£25 =_____ £30 £35

*please specify date

Special dietary considerations (please specify):

____

____

TOTAL COSTS (Accommodation + registration fee) ________________

How to pay

Paying by cheque

I wish to register for the events indicated, and enclose a cheque in pounds sterling, drawn on a British clearing bank and payable to the **"The University of Manchester**"

Amount________________________ Signed ____________________________

Date ____________

Paying by credit card
(Sorry - only Visa or Mastercard/Access are acceptable)
I wish to register for the events indicated, and enclose my Visa/ Mastercard/Access details and the amount I wish to be credited to **"The University of Manchester**" account.

Name on card ____

Cardholders
Address ____

____

Card type VISA__ Mastercard/Access__ Card No ________________________

Valid from date __________ Expiry date: ____________ Amount ____________

Cardholders
signature ____ Date __________________

Please print out this form and send it to:

Angela Linton
Department of Computer Science
University of Manchester
Manchester
M13 9PL
Tel: 0161 275 6166

or fax to Angela Linton on

0161 275 6202

Cancellations:

We should be notified in writing of all cancellations. Cancellations received before 7 March will incur a 20% administration charge. We cannot accept any cancellations after that date.

Accommodation

Accommodation will be provided at Manchester University's purpose built conference center, Holly Royde