Please complete one form for each delegate. Return each completed form to:

ALCOMA 05
Lehrstuhl II f. Mathematik
Universität Bayreuth
D-95440 Bayreuth
Germany
Fax: 0049-(0)921-55-3385

1. Delegate Information:
Title: _______ First name: ________________________
Last name: ______________________________________
Postal Address: __________________________________
________________________________________________
________________________________________________
________________________________________________
Email address: __________________________________

2. Participation Fee:
The participation fee is EURO 110, payable at the conference. There are no fees for accompanying persons.

3. Contributed Talks:
Do you intend to present a contributed talk: □ yes □ no
Title of the talk: ___________________________________
________________________________________________

Please send your abstract, preferably by email in \LaTeX-Format, in the style specified in the accompanying instructions by January 09, 2005.

4. Hotel Accommodation (will be provided by the local tourist office):
I need accommodation for ______ persons.
Date of arrival: ___________ date of departure: ___________.

Date: _______________ Signature: ________________________