

ALCOMA '99
Gößweinstein (Germany)
September 12-19, 1999

Registration Form

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

ALCOMA 99
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 100**, 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 May 30, 1999.

4. Hotel Accomodation (will be provided by the local tourist office):

I need accomodation for _____ persons.

Date of arrival: _____ date of departure: _____.

Date: _____

Signature: _____