



The 19th International Conference on Algorithmic Learning Theory (ALT 2008)  
and  
The Eleventh International Conference on Discovery Science (DS 2008)



## Registration Form

Please complete and send this form as soon as possible to the ALT&DS 2008 Secretariat.

The deadline for early registration is **September 1, 2008**.

(Mariann Kindl, c/o ALT&DS 2008 Secretariat, SCOPE Ltd, H-1111 Budapest, Kende u. 13-17., Hungary, fax: +361 386 9378)

### Personal data (Please, print or type)

Surname/Family Name	Middle Initial	First Name
Affiliation		
Institution/Company		
Street Address		
Zip code	City	Country
E-mail	Phone (incl. country code)	Fax (incl. country code)
Special request (vegetarian, etc): _____		

Do not include my contact information in the List of Participants:

### Registration fees

Conference registration fees including VAT (20%)	Early before September 1		Late after September 1		Amount
Standard registration fee	EUR 400	<input type="checkbox"/>	EUR 450	<input type="checkbox"/>	EUR.....
Full-time student registration fee	EUR 250	<input type="checkbox"/>	EUR 300	<input type="checkbox"/>	EUR.....
Additional banquet ticket (Number of tickets: .....)	EUR 70/person	<input type="checkbox"/>	EUR 70/person	<input type="checkbox"/>	EUR.....
Additional proceedings ALT <input type="checkbox"/> / DS <input type="checkbox"/> (Number of books : .....)	EUR 70/book	<input type="checkbox"/>	EUR 70/book	<input type="checkbox"/>	EUR.....
<b>Total fee</b>					<b>EUR.....</b>

### Method of payment

<p><b>1. Credit card:</b></p> <p>I authorise ALT&amp;DS 2008 Secretariat to charge the registration fee of</p> <p>EUR ..... to:</p> <p><input type="checkbox"/> EuroCard/MasterCard      <input type="checkbox"/> Visa</p> <p>Card number _____</p> <p>Expiration date (mm/yy) _____</p> <p>CVV code _____</p> <p><small>(Last 3 digits of the security code on the back side of the card or in case of AmEx the 4-digit code on the front side)</small></p> <p>Cardholder's name _____</p> <p>_____</p> <p>Billing address _____</p> <p>_____</p> <p>Cardholder's signature _____</p>	<p><b>2. Bank transfer to the account:</b></p> <p>Beneficiary's name: SCOPE Meetings Ltd.. "ALT&amp;DS 2008"</p> <p>IBAN: HU51-1040-0872-0000-9163-0000-0001</p> <p>Bank name: K&amp;H Bank Rt.</p> <p>Bank address: H-1117 Budapest, Móricz Zsigmond körtér 14., Hungary</p> <p>SWIFT Code: OKHBHUHB</p> <p>The proof of remittance should be sent (preferably by fax: +361-386 9378) to the ALT&amp;DS2008 Secretariat. Please, make sure that the name of each conference participant is clearly indicated on all documents. Payments sent by bank transfer must be free of charges for SCOPE Meetings Ltd.</p> <p>Date _____</p> <p>Signature _____</p>
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