Registration

Visualization and Mathematics

Workshop

Berlin, Sept 16 – 19, 1997

Your Name _____

Organization _____

Address _____

City _____

State: _____ Zip/Mail Code _____

Country _____

Phone _____ Fax _____

Email _____

URL _____

Do you intend to give a 20-minute contributed talk? ☐ yes ☐ no

If yes, title _____

_____

Will you want to give a software demo ? ☐ yes ☐ no

If yes, hardware platform/operating system _____ / _____

Do you want to receive information concerning hotel reservation: ☐ yes ☐ no

Method of payment (200,- DM or 130,- US $): ☐ cheque ☐ bank transfer

Date of Payment: _____ Signature _____