



# PKC 2005 Workshop Registration Form

## January 23–26, 2005 ~ Les Diablerets, Switzerland

To register for PKC 2005, please complete and submit this form with payment information. We cannot accept registration by email. Questions can be sent to: [pkc05@epfl.ch](mailto:pkc05@epfl.ch)

### FAX REGISTRATION TO: +41 21 693 76 89

For detailed workshop information or TO REGISTER ONLINE, please visit: <http://lasecwww.epfl.ch/pkc05/>

IACR REF # (if known): \_\_\_\_\_ GENDER:  MALE  FEMALE  
 SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 POST/ZIP CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 FAX: \_\_\_\_\_ URL: \_\_\_\_\_

SPECIAL REQUIREMENTS (dietary):  VEGETARIAN

**NOTE 1:** When you register and pay for PKC, you will automatically become a member of IACR for next calendar year free of charge. As a member next year you will receive the IACR (email) Newsletter and The Journal of Cryptology. If you do NOT want to be a member next year, and do NOT want to receive the Journal or Newsletter, check here:  I DO NOT WISH TO BE AN IACR MEMBER

**NOTE 2:** The personal contact information that you provide is maintained in the IACR Membership Database and will be published in the conference attendee list and the IACR Membership List that is sent to all members every year. It is NOT made available to any other organisation in electronic form. If you do NOT want your contact information to be published in the workshop attendee list and the IACR Membership List, check here:  I DO NOT WANT MY DETAILS PUBLISHED

### WORKSHOP REGISTRATION FEES:

*All amounts on this form reflect and must be paid in US\$.*

	<u>BY DEC. 10</u>	<u>AFTER DEC. 10</u>	
1. Regular Registration - (This includes the IACR membership fee!) _____	US\$500	US\$600	<b>subtotal: US\$ _____</b>
2. Full-Time Student Registration* - (This includes the IACR membership fee!) _____	US\$250	US\$350	<b>subtotal: US\$ _____</b>
<small>*Students should provide verification of student status with a letter from their Supervisor or Department Chair and photocopy of student ID card</small>			
3. Accompanying Person(s) _____ Social program only: welcome drink, banquet, Monday's dinner.	US\$140		<b>subtotal: US\$ _____</b>
Name of Accompanying Person(s): _____	SPECIAL REQUIREMENTS (dietary): _____		

**TOTAL AMOUNT DUE: US\$ \_\_\_\_\_**

Accommodation is not included in registration fees.

American Express  Visa  MC Card #: \_\_\_\_\_ Exp. Date: dd \_\_\_/mm \_\_\_/yy \_\_\_  
 Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_  
 3- or 4-digit security code on card: \_\_\_\_\_ Cardholder Billing Address: \_\_\_\_\_

- **Cancellation policy on conference registration:** Cancellations in writing to the above fax# or email received before January 7, 2005 will be considered for a full refund less US\$150 to cover a copy of the proceedings and handling costs. No refunds will be made for cancellations made after January 7, 2005, but a copy of the proceedings will be mailed to those registered but unable to attend.