

# DAFx-02 Registration Form September 26-28<sup>th</sup> 2002

Please complete this form and send it by fax or regular mail to the given address.

## DAFx-02 Conference Administration

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<http://www.dafx.de/>

### Method of Payment

- Payment by bank transfer/cheque should be made payable to the conference bank account: Universität der Bundeswehr Hamburg, account number: 250 010 42, bank name: Landeszentralbank Hannover, bank number (BLZ): 250 000 00, reason for transfer: "Verwendung UT 499, Zählnummer 345" (please do not forget to specify this reason!). The cheque should be sent to the conference office at the above address.
- Payment by credit card should be made payable to a lawyer trust account owned by Mrs. Angelika Giese, Hamburg.
- Payment by credit card is the preferred method of payment for the DAFx-02 conference.

### Registration Type

- |                          |  |                  |            |
|--------------------------|--|------------------|------------|
| <input type="checkbox"/> | Early (before July 31 <sup>st</sup> )        | Registration fee | 150.00 EUR |
| <input type="checkbox"/> | Regular (before September 20 <sup>th</sup> ) | Registration fee | 200.00 EUR |

The conference fee includes refreshments, lunch, one copy of the conference proceedings, and participation on the social event. Cancellations made by mail or fax, post marked by July 31<sup>st</sup> will be accepted subject to a 50 € cancellation fee. Refunds will be made within five weeks of the end of the conference. Cancellations will not be accepted after July 31<sup>st</sup> 2002. Instead of cancellation, your registration may be transferred to a colleague subject to written authorization. For further information contact [dafx2002@unibw-hamburg.de](mailto:dafx2002@unibw-hamburg.de).

### Personal Details

Title	_____	First name	_____	Last name	_____
Organization/Company	_____				
Address	_____				
Address	_____				
City	_____	Country	_____		
Postal Code	_____	Fax	_____		
Phone	_____	E-mail	_____		
<input type="checkbox"/>	I have special dietary needs _____				
<input type="checkbox"/>	Other special needs, please specify _____				

### Payment Details

Forms will not be processed until payment has been made.

- I have done the bank transfer.
- I enclosed a cheque.
- Credit card payment:  
I agree to pay the registration fee from my credit card with the number provided below. I agree that 50 € will be transferred immediately from the lawyer trust account to the conference bank account. I agree that the remaining amount will be transferred after July 31<sup>st</sup> from the trust account to the conference bank account.  
 Visa                       MasterCard                       American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Cardholder's Signature/ date \_\_\_\_\_

Credit card billing address \_\_\_\_\_  
if different from the above \_\_\_\_\_