

COSADE 2012 REGISTRATION FORM

Third International Workshop on Constructive Side-Channel Analysis and Secure Design Darmstadt, Germany, May 03-04

Please complete the form and send by e-mail or fax to the workshop organisation office. Should you have any questions, please do not hesitate to contact us via e-mail:
e-Mail: cosade2012@cased.de.

For Office use only Reg.-Nr.: ____
Date: __/__/__ B / R / A

Please send the registration form to:
CASED, Mornewegstrasse 32, 64293
Darmstadt, Germany

Telephone : +49 6151 16 50174
Fax : +49 6151 16 4825
e-Mail : cosade2012@cased.de

1. DELEGATE REGISTRATION DETAILS

Name:		Title:	Dr.	Prof.	Mr.	Ms.		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surname:		Sector:	Industry	Academic	Government			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Organisation:		Department:						
Postal Address:								
City:		Country:		Postal Code:				
Telephone:		Fax:						
e-Mail Address:								

2. PARTICIPANT REGISTRATION FEES

The regular conference registration fee includes participation to the workshop program and the social event. Please notice that the conference fee covers also the proceedings as handouts and in electronic form, refreshments and lunch for both, regular and student registration. Accompanying guests can be registered for participation in the conference social events for a surcharge.

Early Bird Registration (by March, 31st, 2012)	Regular	265 EUR	
	Student*	165 EUR	
Late Registration (after March, 31st 2012)	Regular	295 EUR	
	Student*	195 EUR	
* Full-time student only (a copy of student ID is required with payment)		TOTAL (EUR)	

3. PAYMENT

Payment can be made by an International Bank Transfer sent before the conference or via Credit Card Payment (VISA, Master Card). In order for the organizers to identify payments, please make sure that „COSADE2012 “ and your name is clearly referenced.

Type of chosen payment	<input type="checkbox"/> Credit card	<input type="checkbox"/> International bank transfer
PAYMENTS VIA INTERNATION BANK TRANSFER		
Remittee Address (beneficiary):	Technische Universität Darmstadt	
Account Information:	National Account Number: 704 300	International Bank Account Number (IBAN): DE 36 5085 0150 0000 7043 00
Bank Information:	Bank Name: Stadt- und Kreissparkasse Darmstadt	Bank Code (BLZ) : 508 501 50
	Bank Identifier Code (BIC): HELADEF1DAS	
VAT Tax Information	VAT Tax ID: DE 111 608 628, VAT Tax No.: 007 226 001 39	

PAYMENTS VIA CREDIT CARD			
I hereby authorize the „Technische Universität Darmstadt“, to charge the COSADE 2012 Workshop Fee to my credit card in accordance with the details given below:			
<i>Credit Card No.:</i>		<i>Amount Charging:</i>	
<i>Card Holder Name (exactly as it appears on card):</i>		<i>Type: Visa / Master</i>	
<i>Date of Expiry:</i>		<i>Card Security Code (last three digits to the right of the signature strip)</i>	

4. LETTER OF INVITATION	
If you need a letter of invitation, please fill out the following fields.	
Need a letter of invitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required information for the letter of invitation	
<i>Date of birth:</i>	
<i>Nationality:</i>	
<i>Passport number:</i>	
<i>Paper ID:</i>	
<i>Titel of Contribution:</i>	

5. PARTICIPANT SIGNATURE	
<i>Date:</i>	<i>Signature:</i>