

COSADE 2010 REGISTRATION FORM

First International Workshop on Constructive Side-Channel Analysis and Secure Design Darmstadt, Germany, February 4-5

Please complete the form and send by e-mail or fax to the workshop organisation office before January 25th, 2010. Should you have any questions, please do not hesitate to contact Mr. Michael Kasper, e-Mail: michael.kasper@cased.de.

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

Please send the registration form to:
**CASED, Mornwegstrasse 32, 64546
Darmstadt, Germany**

Telephone : +49 6151 16 50755
Fax : +49 6151 16 4825
e-Mail : cosade2010@cased.de

1. DELEGATE REGISTRATION DETAILS

Name:		Title:	Dr.	Prof.	Mr.	Ms.	
Surname:		Sector:	Industry	Academic	Government		
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. Students and accompanying guests can also be registered for participation in the conference social events for a surcharge. Please notice that the conference fee covers the proceedings as handouts and in electronic form, refreshments and lunch for both, regular and student registration.

Early Bird Registration** (by 25th January 2010)	Regular	150 EUR	
	Student*	80 EUR	
Late Registration (after 25th January 2010)	Regular	170 EUR	
	Student*	100 EUR	
Additional Banquet Ticket	45 EUR per ticket	45 EUR	
* Full-time student only (a copy of student ID is required with payment) ** Registration must be received by 25 January 2010 for your contribution to be included in the proceedings		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 „COSADE2010 “ and your name is clearly referenced.

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 2010 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. PARTICIPANT SIGNATURE

<i>Date:</i>	<i>Signature:</i>
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