

AVI 2002
ADVANCED VISUAL INTERFACES
Trento – Italy , May 22-24, 2002

REGISTRATION FORM

Family Name and Name_____

Middle Initials_____

Affiliation_____

Address_____

Zip Code/ Town/Country/State_____

Phone_____

Fax_____

E-mail_____

Name(s) of Accompanying Person(S)_____

Special Needs_____

Audiovisual Equipment (for presentation if you are a speaker)_____

I will travel by:

plane• train• car•

I will arrive at airport/station of _____

Arrival Date and Time_____

REGISTRATION FEES

1. AVI 2002 REGISTRATION

	Before 05/04/2002	After 05/04/2002
• ACM/IEEE MEMBERS	500€	600€
• Regular	550€	650€
• Full Time Students	200€	200€
• Accompanying person	180€	180€
• Extra social dinner	65 €	65 €

2. TUTORIAL REGISTRATION

Please check the ½ day tutorial(s) you plan to attend :

Morning

- User-Interface Design for Work, Home and On the Way –*A. Marcus*
- Models, Tools, and Transformations for User Interface Design and Usability Evaluation – *P. Paternò*.

Afternoon

- Getting the right idea : creativity and innovation in technical research and development – *A. Dix*
- User Modeling for Adaptive Interfaces – *M. Maybury*

REGISTRATION FEES

Registration to one tutorial	150€
Registration to two tutorials	200€

PURCHASE OF EXTRA PAGE(S)

N° _____ COST PER B/W EXTRA PAGE	100€
N° _____ COST PER COLOUR EXTRA PAGE	140€

HOTEL RESERVATION

Please check the selected hotel :

Hotel	Double room x single use (1/p)	Double room (2/p)
• Grand Hotel Trento (Conference Venue)	€ 114,00	€ 130,00
• Albergo America (Three Stars Hotel)	€ 67,00	€ 93,00
• HOTEL VENEZIA (Two Stars Hotel)	€ 38,00	€ 55,00

Please reserve for me :

- N°..... double for single room (s)
- N°..... double room (s)

Arrival Date..... Departure Date N° of nights.....

3. SUMMARY OF PAYMENT

AVI 2002 REGISTRATION	_____
REGISTRATION FOR N°..... TUTORIAL(S)	_____
N° _____ EXTRA PAGE(S)	_____
ACCOMPANYING PERSON REGISTRATION	_____
EXTRA SOCIAL DINNER	_____
HOTEL DEPOSIT	_____
HOTEL BOOKING FEE (only for people who make the hotel reservation)	€ 10.33
TOTAL AMOUNT	_____

4. METHODS OF PAYMENT

- Bank Transfer on the account number 20203 headed to Consulta Umbria srl – to Banca Nazionale del Lavoro – Perugia sede – Piazza Italia – 06121 PERUGIA
ABI n. 01005 CAB n. 03000
(copy of the bank transfer here attached)

- Credit Card

- Visa

Card number_____

Expirydate_____

Holder's Name_____

Signature_____

- Mastercard/Eurocard

- American Express

- Not – endorsable cheque made payable to Consulta Umbria srl

5. INVOICE

Please invoice to _____

Address_____

VAT number_____