

Family name: _____ First name: _____
 Affiliation: _____ Mailing Address: _____
 Postal code: _____ City: _____
 COUNTRY: _____ E-mail: _____
 Telephone: _____ Telefax: _____

Your name for the badge: _____ I agree to have my name and address listed in the
 Your affiliation for the badge: _____ conference participants' list. Yes ☐ No ☐

CONFERENCE FEES	By July 28	After July 28	Total SEK	(Code)
ACM/SIG members excl. VAT	<input type="checkbox"/> SEK 3375	<input type="checkbox"/> SEK 3780	_____	(001/002)
ACM/SIG members incl. VAT	<input type="checkbox"/> SEK 4215*	<input type="checkbox"/> SEK 4725*	_____	(003/004)
Non-members excl. VAT	<input type="checkbox"/> SEK 4050	<input type="checkbox"/> SEK 4500	_____	(005/006)
Non-members incl. VAT	<input type="checkbox"/> SEK 5060*	<input type="checkbox"/> SEK 5625*	_____	(007/008)
Students excl. VAT	<input type="checkbox"/> SEK 990	<input type="checkbox"/> SEK 1800	_____	(009/010)
Students incl. VAT	<input type="checkbox"/> SEK 1235*	<input type="checkbox"/> SEK 2250*	_____	(011/012)

TUTORIAL FEES (for each tutorial)

SELECT TUTORIAL	Monday <input type="checkbox"/> M1 <input type="checkbox"/> M2 (0100/0101)	Tuesday <input type="checkbox"/> T1 <input type="checkbox"/> T2 (0102/0103)	
ACM/SIG members excl. VAT	<input type="checkbox"/> SEK 2700	<input type="checkbox"/> SEK 3150	(013/014)
ACM/SIG members incl. VAT	<input type="checkbox"/> SEK 3375*	<input type="checkbox"/> SEK 3935*	(015/016)
Non-members excl. VAT	<input type="checkbox"/> SEK 3600	<input type="checkbox"/> SEK 4050	(017/018)
Non-members incl. VAT	<input type="checkbox"/> SEK 4500*	<input type="checkbox"/> SEK 5060*	(019/020)
Students excl. VAT	<input type="checkbox"/> SEK 1350	<input type="checkbox"/> SEK 1800	(021/022)
Students incl. VAT	<input type="checkbox"/> SEK 1685*	<input type="checkbox"/> SEK 2250*	(023/024)

MEMBERSHIP NUMBER Please list your member number to qualify for the member rate:

I WOULD LIKE TO BE A REGULAR MEMBER OF ☐ ACM SEK 855 (105) ☐ SIGCOMM SEK 162 (106) _____

SOCIAL PROGRAM To aid us in planning, please check the events you intend to attend.

Opening Reception, Tuesday ☐ Yes ☐ No (150/151) No. of persons: _____
 Dinner Vasa Museum, Thursday, delegates ☐ Yes (160) Additional tickets SEK 675* (162) Total tickets: _____

HOTEL RESERVATION DEPOSIT (required) Grand Hôtel 2500 ☐ Continental & Kung Carl 2000 ☐ Stockholm 1500 ☐ Deposit SEK: _____

*Any VAT increment will be specified in the confirmation letter. StoCon's VAT registration number is SE556127722801

ACCOMODATION	Hotels	Single room SEK/night	Double room SEK/night
Arrival: ____ / ____	Grand Hôtel	<input type="checkbox"/> 1660 budget	-
		<input type="checkbox"/> 2245 standard <input type="checkbox"/> 2700 front	<input type="checkbox"/> 2515 standard <input type="checkbox"/> 3415 front
Departure: ____ / ____	Scandic Continental	<input type="checkbox"/> 1580	<input type="checkbox"/> 1970
Rates incl. breakfast,	Kung Carl	<input type="checkbox"/> 1425 standard <input type="checkbox"/> 1675 business	<input type="checkbox"/> 1550 standard <input type="checkbox"/> 1825 business
service and 12% VAT	Hotell Stockholm	<input type="checkbox"/> 1090	<input type="checkbox"/> 1490

Special request: _____

PAYMENT Payment should be made in SEK, payable to Stockholm Convention Bureau. Please indicate 'ACM SIGCOMM 2000',

your name and company on all money transfers. **Personal or Company cheques cannot be accepted.**

☐ Banker's Draft ☐ Bank Account, SEB Banken, Stockholm No 5267-10 066 16, SWIFT-address ESSESESS
☐ Postgiro 65 37 38-5 (from Nordic countries) ☐ Bankgiro 644-8773 (within Sweden only)
☐ Eurocard/Mastercard ☐ Diners Club ☐ American Express ☐ Visa

Charge my card No: _____ Expiry date: _____ Grand total SEK: _____

Date: _____ Signature: _____