



Sixteenth
International
Joint Conference
on Artificial
Intelligence

31 July–6 August
Stockholm, Sweden

REGISTRATION FORM

PLEASE PRINT

Family name _____
 First name _____
 Organisation/Company _____
 Mailing address _____
 City _____ Country _____
 E-mail _____
 Phone _____ Fax _____
 Name of accompanying person(s) _____

Do not include my address, phone number or e-mail-address in a published list of participants

Please return this form
and payment to:
Congrex Sweden AB
Att: IJCAI 99
Box 5619
SE-114 86 STOCKHOLM
Sweden
Fax: +46 8 661 91 25
Phone: +46 8 459 66 00

Cancellations of
registrations will be
accepted until 15 June
1999 the total amount
less administrative
expenses of SEK 500 will
be refunded. No refunds
can be made after
15 June 1999.

REGISTRATION (inclVAT 25% in all prices)

	Price SEK	Total SEK	Code for Internal use
TECHNICAL PROGRAM FEE – Regular			
Paid by June 1	4250	_____	10
Paid by July 1	5000	_____	15
Paid after July 1 – On-site registration	5750	_____	20
TECHNICAL PROGRAM FEE – Student*			
Paid by June 1	1250	_____	25
Paid by July 1	1500	_____	30
Paid after July 1 – On-site registration	1750	_____	35

* Documentation of student status must be enclosed with this registration form

WORKSHOP PROGRAM

Requires technical program registration.

- | | | | | | |
|--|------------------------------------|-----------------------------------|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> ABS-1 Sat | <input type="checkbox"/> KKR-1 Sat | <input type="checkbox"/> ML-1 Sat | <input type="checkbox"/> IRF-1 Sat | <input type="checkbox"/> ROB-1 Sat | <input type="checkbox"/> NLP-1 Sat |
| <input type="checkbox"/> ABS-2 Sun | <input type="checkbox"/> KKR-2 Sun | <input type="checkbox"/> ML-2 Sun | <input type="checkbox"/> IRF-2 Sun | <input type="checkbox"/> ROB-2 Sun | <input type="checkbox"/> NLP-2 Mon |
| <input type="checkbox"/> ABS-3 Mon | <input type="checkbox"/> KKR-3 Mon | <input type="checkbox"/> ML-3 Mon | <input type="checkbox"/> IRF-3 Mon | <input type="checkbox"/> ROB-3 Mon | <input type="checkbox"/> EMP Sat |
| <input type="checkbox"/> ABS-4 Sat & Sun | <input type="checkbox"/> KKR-4 Sun | <input type="checkbox"/> ML-4 Sat | <input type="checkbox"/> PLAN-1 Sun | <input type="checkbox"/> BUS-1 Sat | <input type="checkbox"/> CASA Sun |
| <input type="checkbox"/> ABS-5 Mon | <input type="checkbox"/> KKR-5 Mon | <input type="checkbox"/> ML-5 Mon | <input type="checkbox"/> PLAN-2 Mon | <input type="checkbox"/> BUS-2 Sun & Mon | <input type="checkbox"/> SATIS Mon |

Number of workshops _____ Price SEK 500/workshop _____ Total SEK _____

TUTORIAL PROGRAM

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> A1 Sunday am | <input type="checkbox"/> B1 Sunday am | <input type="checkbox"/> C1 Sunday am | <input type="checkbox"/> D1 Sunday am | <input type="checkbox"/> E1 Sunday am |
| <input type="checkbox"/> A2 Sunday pm | <input type="checkbox"/> B2 Sunday pm | <input type="checkbox"/> C2 Sunday pm | <input type="checkbox"/> D2 Sunday pm | <input type="checkbox"/> E2 Sunday pm |
| <input type="checkbox"/> A3 Monday am | <input type="checkbox"/> B3 Monday am | <input type="checkbox"/> C3 Monday am | <input type="checkbox"/> D3 Monday am | <input type="checkbox"/> E3 Monday am |
| <input type="checkbox"/> A4 Monday pm | <input type="checkbox"/> B4 Monday pm | <input type="checkbox"/> C4 Monday pm | <input type="checkbox"/> D4 Monday pm | <input type="checkbox"/> E4 Monday pm |

Number of tutorials _____

	Price / tutorial SEK	Total SEK	Code for Internal use
TUTORIAL FEE – Regular			
Paid by June 1	1850	_____	40
Paid by July 1	2300	_____	45
Paid after July 1 – On-site registration	2300	_____	50
TUTORIAL FEE – Student*			
Paid by June 1	750	_____	55
Paid by July 1	950	_____	60
Paid after July 1 – On-site registration	950	_____	65

* Documentation of student status must be enclosed to this registration form

ROBOCUP

Requires technical program registration.

- | | | | |
|---|------|-------|----|
| <input type="checkbox"/> RoboCup Team Member | - | _____ | |
| <input type="checkbox"/> RoboCup Team Leader – Simulation League | 2500 | _____ | 70 |
| <input type="checkbox"/> RoboCup Team Leader – Real Robot Leagues | 5000 | _____ | 75 |

ACCOMPANYING PERSON FEE No. of pers. _____ 600 _____ 80

TOTAL REGISTRATION

SEK

TOTAL REGISTRATION
(Forwarded from page 1)

SEK

SOCIAL PROGRAM

The number of tickets are restricted and will be distributed on a first come first served basis.

	Date	Price SEK	No. of persons	Total SEK	Code for Internal use
Reception at Stockholm City Hall	2 Aug	incl.	_____	_____	110
Congress Dinner at Vaxholm Fortress	4 Aug	600	_____	_____	120
Introduction to Stockholm	1 Aug	135	_____	_____	130
A walk in the Old Town	2 Aug	140	_____	_____	140
The Vasa museum	3 Aug	155	_____	_____	150
Art Tour	4 Aug	275	_____	_____	160
Drottningholm Palace	5 Aug	310	_____	_____	170
Pre Tour – Midnight sun 28–30 July		10500	_____	_____	180
Single room supplement		660/night	_____	_____	185

TOTAL SOCIAL PROGRAM SEK

ACCOMMODATION

Arrival in Stockholm _____ Departure from Stockholm _____ No. of nights _____

Hotel Category	Single room per night / SEK	No. of rooms	Double room per night / SEK	No. of rooms	Required deposit / SEK
A	1600–2000	_____	1900–2400	_____	2500
B	850–1600	_____	1200–1900	_____	2000
C	680–850	_____	945–1200	_____	1500
Youth Hostel	185–250/bed, breakfast is not included at the Youth Hostel <input type="checkbox"/> Male <input type="checkbox"/> Female			No. of beds _____	200

Breakfast and VAT are included in the price. The deposit will be deducted from your hotel bill.

IJCAI Head Quarter Hotel. Cat. A.
 RoboCup Head Quarter Hotel. Cat. C. HOTEL DEPOSIT SEK

TOTAL REGISTRATION SEK

TOTAL SOCIAL PROGRAM SEK

HOTEL DEPOSIT SEK

GRAND TOTAL SEK

PAYMENT INSTRUCTIONS

All payments should be made in SEK and made out to Congrex, Attn. IJCAI 99. Mark your payment with your name and reference number **0909**.

Please indicate below the method of payment you are using.

- Bank draft Swift to S E B, SE-106 40 Stockholm, account 5267-10 216 90
 Bank giro 224-7021 Postal giro 9052-2
 American Express VISA Eurocard/Mastercard

Name as it appears on the card _____

Credit Card No. _____

Expiry date _____

Having signed below, I confirm that I have read and am fully aware of the cancellation conditions stipulated in the Invitation Program.

I authorize Congrex to debit this credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account for any subsequent change(s) to the items booked.

Date _____ Signature _____

Congrex VAT registration No. SE556261097101

Please mark attendance for Reception to obtain a ticket.

Cancellation of social events will be accepted until 30 June 1999 up to with the total amount refunded. For cancellation received after 30 June 1999 and up to two days before the start of the Congress, the payment will be refunded less 50%. After that no refund will be given.

Reservation will be confirmed only after Congrex has received your hotel deposit.

Cancellation of hotel reservations will be accepted until 15 June, 1999 with full deposit refunded. No refund after 15 June can be made.

Please note: we do not accept Eurocheques, company cheques or personal cheques.

Please indicate Congrex Sweden AB, Attn. IJCAI 99, your name and payment reference number 0909 on all money transfers to ensure speedy processing.