

NETWORKING 2006

REGULAR REGISTRATION FORM

COIMBRA – PORTUGAL

15 – 19 May, 2006

Registration payment: All prices indicated are in EURO, please mark **X** as appropriate

| REGISTRATION | Registration <u>before</u> 15 April 2006 | Registration <u>after</u> 15 April 2006 |
|---|--|---|
| Conference | 500.00 € | 580.00 € |
| 2 half-day tutorials or 1 full-day tutorial | 175.00 € | 200.00 € |
| 1 half-day tutorial | 100.00 € | 130.00 € |
| Each Workshop (*) | 150.00 € | 200.00 € |
| Conference + 2 tutorials + 1 workshop | 700.00 € | 800.00 € |
| TOTAL REGISTRATION FEE | | |

(*) workshop participants also need to register at the Conference

Conference Fee includes:

- Conference Proceedings
- Full access to the 3-day paper and poster sessions, as well as all keynotes and panel discussions
- Welcome reception and banquet (extra banquet tickets can be purchased for 60 EUR each)
- Lunch and coffee-breaks from May 16 to May 18

Tutorial Fee includes:

- Access to the selected Tutorials, including handouts and other materials
- Lunch and coffee-breaks on May 15

Workshop Fee includes:

- Access to the selected workshop
- Lunch and coffee-breaks on May 19

Please note that:

- All prices are in EURO.
- Cancellation and refunds can be made until April 15, 2006. A 50 EUR service charge may apply.

Tutorial List, May 15 – please mark selected Tutorials:

| | | |
|----------|--|--|
| A | BGP – Interdomain Routing and Virtual Private Networks (full-day) | |
| B | IP-Oriented QoS in the Next Generation Networks: Application to Wireless Networks (morning) | |
| C | Extensible IP Signaling: Architecture, Protocols and Practice (morning) | |
| D | Roadmap to Cross-Layer and Cross System Optimization for B3G (afternoon) | |
| E | Peer-to-Peer Networking (afternoon) | |
| F | User directed and QoS driven routing: theoretical and experimental considerations (afternoon) | |

Workshop List, May 19 – please mark selected Workshops:

| | | |
|-----------|---|--|
| W1 | Security and Privacy in Mobile and Wireless Networking | |
| W2 | Content Caching and Distribution Networks | |
| W3 | Performance Control in Wireless Sensor Networks | |
| W4 | Towards the QoS Internet | |
| W5 | Next Generation Networking Middleware | |

ACCOMMODATION

Accommodation prices:

- All prices indicated are in **EURO, per room and per night**, including taxes and breakfast.
- **Deadline for guaranteed room: March 15, 2006.**
- The Conference Venue is easily reached from listed Hotels, either walking (10 to 20 minutes) or by taxi (less than 5 minutes).

| HOTEL | CATEGORY | Single Room | Double Room | Room Type Single / Double | Priority Choice | | |
|--------------------|----------|--------------|--------------|------------------------------|-----------------|---|---|
| | | | | | 1 | 2 | 3 |
| TIVOLI | ★★★★ | 57,00 | 67,00 | | | | |
| MELIA | ★★★★ | 65,00 | 73,00 | | | | |
| ALMEDINA | ★★★ | 44,00 | 52,00 | | | | |
| ASTORIA | ★★★ | 48,00 | 58,00 | | | | |
| R. BOTÂNICO | ★★★ | 37,00 | 50,00 | | | | |

* The organization will not allocate people to double rooms. So, if you are sharing a room, please indicate here the name (surname, initials) of the person you will be sharing the room with.

Date of arrival Date of departure Number of nights
 ____/____/____ ____/____/____ _____

Other remarks:

- I am vegetarian
- _____
- _____
- _____

METHOD OF PAYMENT

- By cheque** # in Euros, payable to: **BETA VIAGENS E TURISMO LDA.**
 # personal cheques will not be accepted. Bank draft cheques or money orders in **Euros** are accepted **only when free of charges to the receiver.**
- Bank transfer (**free of charges to the receiver**). Please refer the name of the event above.
IBAN: PT50 003300002938000300241
Swift Code: BCOMPTPL - **Bank:** Millennium – Rua Ferreira Borges, 57 – P-3000 516 Coimbra
- By credit card:
 VISA MASTERCARD EUROCARD AMERICAN EXPRESS

Please charge my credit card to the **total** amount of _____ **Euros**

Card number _____ Expiry Date ____/____

CVD Code _____ Signature _____
 (last 3 numbers at the back of the card)

PLEASE FILL BELOW, INDEPENDENTLY OF YOUR METHOD OF PAYMENT

Name _____

Full address _____ Country _____

E-mail _____ Fax _____

PLEASE SEND TO

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