Registration form CCSSE'99

Name:_____

E-mail: ______ Telephone: _____

Please mark your preferences below. Please note that the program is preliminary.

1.1()	I will attend the full conference program			
1.2. ()	I will attend the activities which I have specified below:			
	Preliminary program:			
	Thursday, October 21			
	1.2.1 ()	9.00	Opening with invited speaker	
		10 -12	Session 1	
	1.2.2 ()	12 -13.30	Lunch	
	1.2.3 ()	13.30 -14.30	Session 2	
		14.30 - 16.30	Session 3, poster and demo session	
		16.30 -17.30	Session 4	
	1.2.4.()	17.30 -19.00	Social event	
	1.2.5 ()	20.15	Dinner	
	1.2.6 ()	I would like to stay overnight. Please book a hotel room for me.		
	Friday, October 22			
	1.2.7 ()	9 - 12	Session 5	
		12 - 13	Lunch	

Other information which we need from you:

Transport:	()	I will take the bus arranged by CCSSE'99 to and from the conference.		
	()	I will arrange my own transport to and from the conference.		
Type of hotel room: ()		non-smoker		
	()	smoker		
Other information: ()		I am a vegetarian. I avoid the following:		
	()	I prefer to avoid the following food:		
	()	I am allergic to the following:		
Information I wish to add:				

Please return the form by September 27, 1999, to: Kristin Wiberg, ISY, Linköping University, 581 83 Linköping.

99-09-16

Welcome to CCSSE'99

Welcome to the second conference on Computer Science and Systems Engineering CCSSE'99. We look forward to your participation at this ECSEL conference in October 21-22. The conference will take place at ProNova conference center in Norrköping, located on St Persgatan 19, not far from Campus Norrköping.

In order for us to proceed with the planning of the conference, please fill in the attached form. Return it to me by Monday, September 27.

Yours,

Kristin Wiberg

Organization Committe CCSSE'99 Tel: 013-285715 E-mail kristin@isy.liu.se

The CCSSE'99 web pages: http://mir7.ida.liu.se:8080/CCSSE99/