

THE INSTITUTE OF MATHEMATICS AND ITS APPLICATIONS



ELEVENTH IMA INTERNATIONAL CONFERENCE ON

**CRYPTOGRAPHY AND CODING**

18 – 20 DECEMBER 2007

ROYAL AGRICULTURAL COLLEGE, CIRENCESTER, UK

**APPLICATION FORM**

DELEGATE NAME	_____
COMPANY/UNIVERSITY NAME	_____
ADDRESS	_____
	_____
	_____
E-MAIL ADDRESS	_____
IF YOU <u>DO NOT</u> WANT YOUR E-MAIL ADDRESS TO APPEAR IN THE CONFERENCE DELEGATE LIST, PLEASE TICK HERE <input type="checkbox"/>	

<b>CONFERENCE FEE (PLEASE TICK)</b>	
These rates include conference packs, refreshments, lunches and the conference dinner.	
IMA Member	<b>£200.00</b> <input type="checkbox"/> Membership number _____
Non-Member	<b>£290.00</b> <input type="checkbox"/>
Student	<b>£100.00</b> <input type="checkbox"/>
<b>LATE REGISTRATION</b>	
Late Registration Fee 1	<b>£15.00</b> <input type="checkbox"/> if booked after 16 <sup>th</sup> November 2007
Late Registration Fee 2	<b>£25.00</b> <input type="checkbox"/> if booked after 7 <sup>th</sup> December 2007

ANY SPECIAL REQUIREMENTS/ DIETARY RESTRICTIONS? Please give details;
_____
_____

**ACCOMMODATION (PLEASE TICK)**

Includes dinner, bed and breakfast.

**17<sup>th</sup> December 2007**

En-Suite **£46.00**

Standard **£35.00**

**18<sup>th</sup> and 19<sup>th</sup> December 2007**

En-Suite **£110.00**

Standard **£85.00**

**CONFERENCE DINNER**

Please note that the delegate named above will automatically have a place at the conference dinner, unless indicated otherwise.

Guest Place **£30.00**

IF YOU ARE UNABLE TO ATTEND THE CONFERENCE DINNER ON WEDNESDAY 19<sup>TH</sup> DECEMBER, PLEASE TICK HERE  (Please note that refunds cannot be given)

**Total** ..... **Payment method** .....

**Signed** ..... **Date** .....

**PAYMENT**

Please note an invoice will automatically be issued to all applicants wishing to attend the conference. If, however, you require your invoice to be addressed to your accounts department or any other payer please give full details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please charge my Mastercard/VISA/VISA Debit/Switch (delete as appropriate)

ACCOUNT NUMBER \_\_\_\_\_

VALID FROM \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_ Issue No: (*Switch only*) \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ (Last three digits on back of card)

Signature of Cardholder \_\_\_\_\_

FOR BANK TRANSFER DETAILS PLEASE CONTACT SAMMI.LAUESEN@IMA.ORG.UK

All cheques should be made payable to The Institute of Mathematics and its Applications.

**\*CLOSING DATE FOR APPLICATIONS – 14<sup>TH</sup> DECEMBER 2007\***

PLEASE RETURN THIS FORM TO [sammi.lauesen@ima.org.uk](mailto:sammi.lauesen@ima.org.uk) OR FAX TO +44 (0)1702 354111