

**REGISTRATION FORM**  
The Fourth European Congress of Mathematics, June 27 – July 2, 2004

401/

PLEASE USE BLOCK LETTERS

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Title/Profession: \_\_\_\_\_

Organisation/Company: \_\_\_\_\_

Department/ Faculty: \_\_\_\_\_

Street/ P O Box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name(s) of accompanying person(s): \_\_\_\_\_

I have studied the general information in the program and approve the planned processing of my personal data, as described in the general terms and conditions of registration.  
☐ Yes   ☐ No   (810/830)

**ADVANCE REGISTRATION**

***Registration Fee incl. VAT***

(See general information)

**Date:**

***EMS or SMS members***

until March 31, 2004  
from April 1, 2004

**Price/pers.  
SEK**

\*2000  
\*3500

**Total  
SEK**

**(Code)**

\_\_\_\_\_  
\_\_\_\_\_  
(001)  
(003)

***Other participants***

until March 31, 2004  
from April 1, 2004

\*2500  
\*3500

\_\_\_\_\_  
\_\_\_\_\_  
(006)  
(008)

***Accompanying  
person***

No of persons: \_\_\_\_\_

\*250

\_\_\_\_\_  
(030)

***One day fee***

☐ June 28   ☐ June 29   ☐ June 30  
☐ July 1   ☐ July 2

\*813

\_\_\_\_\_  
(040/042/044)  
(046/048)

***Registration Fee excl. VAT***

(See general information)

***EMS or SMS members***

until March 31, 2004  
from April 1, 2004

1600  
2800

\_\_\_\_\_  
\_\_\_\_\_  
(002)  
(004)

***Other participants***

until March 31, 2004  
from April 1, 2004

2000  
2800

\_\_\_\_\_  
\_\_\_\_\_  
(007)  
(009)

***One day fee***

☐ June 28   ☐ June 29   ☐ June 30  
☐ July 1   ☐ July 2

650

\_\_\_\_\_  
(041/043/045)  
(047/049)

***Lunch vouchers***

(Monday, June 28, lunch  
is free of charge)

☐ June 28   ☐ June 29   ☐ June 30  
☐ July 1   ☐ July 2

\*65/lunch

\_\_\_\_\_  
(100/102/104)  
(106/108)

***ECM Proceedings***

(See general information)

No of books: \_\_\_\_\_

\*720/book

\_\_\_\_\_  
(150)

**Scientific Topics**

(Please mark the sections you will probably attend)

- |   |                              |       |
|---|------------------------------|-------|
| 1. Logic and Foundation                         | <input type="checkbox"/> Yes | (201) |
| 2. Algebra. Number Theory                       | <input type="checkbox"/> Yes | (202) |
| 3. Algebraic and Analytic<br>Geometry           | <input type="checkbox"/> Yes | (203) |
| 4. Differential Geometry                        | <input type="checkbox"/> Yes | (204) |
| 5. Topology                                     | <input type="checkbox"/> Yes | (205) |
| 6. Discrete Mathematics and<br>Computer Science | <input type="checkbox"/> Yes | (206) |
| 7. Modelisation and Simulation                  | <input type="checkbox"/> Yes | (207) |

- |   |                              |       |
|---|------------------------------|-------|
| 8. Ordinary Differential Equations<br>and Topic Dynamical Systems | <input type="checkbox"/> Yes | (208) |
| 9. Partial Differential Equations                                 | <input type="checkbox"/> Yes | (209) |
| 10. Functional Analysis   | <input type="checkbox"/> Yes | (210) |
| 11. Complex Analysis  | <input type="checkbox"/> Yes | (211) |
| 12. Probality and Statistics                                      | <input type="checkbox"/> Yes | (212) |
| 13. Real Analysis   | <input type="checkbox"/> Yes | (213) |
| 14. Mathmatcal Physics  | <input type="checkbox"/> Yes | (214) |

**Subtotal SEK**

*Please turn over!* ➡

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401/

Name: (Please repeat your name here!) \_\_\_\_\_

					SEK	No of Persons	Total SEK	(Code)
<b><u>Social Program</u></b>								
June 27	Welcome Reception at Aula Magna	<input type="checkbox"/> Yes	<input type="checkbox"/> No	incl.	_____	_____	_____	(301/302)
June 29	City Hall Reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No	incl.	_____	_____	_____	(303/304)
July 1	City Tour and Historical Stockholm at 14:00 (3 hours)			*295	_____	_____	_____	(305)
July 1	City Tour and Royal Canal at 14:00 (3 hours)			*325	_____	_____	_____	(307)
July 1	Art Tour at 14:00 (4 hours)			*480	_____	_____	_____	(309)
July 1	Old Town Walk and visit to the Nobel Museum at 14:00 (3 hours)			*320	_____	_____	_____	(311)

\* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801.

## Hotel Deposit

SEK 1 800 per room \_\_\_\_\_

Transport from page one SEK \_\_\_\_\_

**Total SEK** \_\_\_\_\_

## ACCOMMODATION

Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hotels	Single room SEK/night	No of rooms	Double room SEK/night	No of rooms
Comfort Hotel Stockholm	890		1 070	
Freys Hotel	895		1 290	
Hotel Arcadia	695		845	
Hotel Birger Jarl	1 295		1 395	
Hotel Oden	770		960	
Hotel Tegnerlunden	800		990	
Hotel Terminus	880		1 140	
Kom Hotel	950		1 180	
Hotel Lilla Rådmannen	795		1 090	
Rica City Hotel Kungsgatan	920		1 320	
Rica City Hotel Stockholm	920		1 320	
Scandic Continental	1 590		1 690	
Wallin Hotel	845 - 945		1 015 - 1 205	

All rates, in SEK, include breakfast, service and a VAT increment of 12%. Taxes or official charges are subject to changes without notice. Reservations will be confirmed when StoCon has received your hotel deposit.

Special dietary requirements: \_\_\_\_\_ (800)

Special requests for registration or accommodation: \_\_\_\_\_

## PAYMENT

Payment should be made in SEK, payable to Stockholm Convention Bureau. Please make sure to indicate "4ECM 2004" and your name on all money transfers.

- ☐ Banker's Draft (Personal or Company cheques can not be accepted)
- ☐ Bank Account, SEB, Stockholm No 5267-10 066 16, SWIFT-address ESSESESS, (IBAN Account No: SE7350000000052671006616)
- ☐ Postal Giro 65 37 38-5 (Participants from Sweden and Nordic countries only)
- ☐ Bank Giro 644-8773 (Participants from Sweden only)
- ☐ Eurocard/Mastercard ☐ Diners Club ☐ American Express ☐ Visa

Charge my card No: \_\_\_\_\_

With expiry date: \_\_\_\_\_ Total SEK: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

**Please send  
this form to:**

Stockholm Convention Bureau, "4ECM 2004", P O Box 6911,  
SE-102 39 Stockholm, SWEDEN. Fax No: +46 8 5465 1599

*Please do not forget to take a copy for your own record!*