REGISTRATION FORM
Seventh ACM SIGOPS European Workshop
September 8-11 1996
Connemara, Ireland

Please complete **one** copy of this form **per participant** and post or fax to arrive not later than **15 July 1996** to:

SIGOPS '96
Distributed Systems Group
Department of Computer Science
Trinity College
Dublin 2
Ireland
Fax: +353 (01) 6772204
Email: sigops96@dsg.cs.tcd.ie

For further information about local arrangements, including local travel options, please see the SIGOPS European Workshop WWW pages `http://plastique.Stanford.EDU:80/sigops96/` (North America) or `http://www-sor.inria.fr/sigops96/` (Europe).

1 Personal Information

Family name: ______________________ Title: ______________________
First name: ______________________ Middle name: ______________________
Organisation: ____
Postal address: ____
____
Phone: ______________________ Fax: ______________________
Email: ______________________ URL: ______________________
ACM member no. ______________________ SIGOPS member: ☐
Ok to include contact information on attendee list: ☐

2 Registration Fee

The workshop registration fee includes attendance at the workshop, **three** days full board and lodging at the Renvyle House Hotel beginning with dinner on the evening of Sunday the 8^{th} of September through and including lunch on Wednesday the 11^{th} of September, as well as one copy of the workshop proceedings.

Accomodation type	**ACM and SIGOPS member†**	**Non-member**
Single	IRP 410	IRP 430
Shared	IRP 340	IRP 360
Accompanying person (shared only)‡	IRP 250	
Late registration/cancellation fee	IRP 200	

† Fee for participants who are members of **both** ACM and SIGOPS.
‡ Non-participant: excludes workshop attendance, proceedings etc.

Only a limited number of rooms are available on a single occupancy basis and room sharing will be **necessary**. Requests for single rooms will be accepted on a strictly first-come first-served basis.

Accommodation: single: ☐ shared: ☐ accompanied: ☐
Roommate request: ______________________
Special needs (dietary requirements, access, etc): ______________________
Total Payment (including accompanying person if any): ______________________IRP

3 Payment

Payment will **only** be accepted by credit card.

Card Type: Access: ☐ Eurocard: ☐ MasterCard: ☐ Visa: ☐

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card expiration date (month/year): ☐☐☐☐

Cardholder's name (exactly as on card): ______________________

Signature: ______________________

4 Travel

If there is sufficient interest, shuttle buses between the workshop venue and Dublin, Galway, and/or Shannon may be arranged. If you are interested in availing of such a service please tick the box below and, if possible, indicate your preferred pick up and departure point and your approximate time of arrival and departure. You will be notified about the availability of shuttle buses once registration is closed.

Interested in shuttle: ☐

Location: ______________________

Arrival date/time: ______________________

Departure date/time: ______________________

For other travel options please see the SIGOPS European Workshop WWW pages.

5 Additional Nights

Some participants may wish to spend some additional time in Connemara. The Renvyle House Hotel has agreed the following rates for participants staying before or after the workshop. Note however that additional nights are only possible on a space-available and first-come first-served basis.

Meal basis	**Rate per person sharing per night**
Dinner, bed, and breakfast	IRP 60 plus 12.5% service†
Bed and breakfast	IRP 40 plus 12.5% service†

† A single supplement will be applied only in case of heavy demand.

Additional nights required: ______________________

Meal basis: full board: ☐ half board: ☐ B+B: ☐

Room type: single: ☐ twin: ☐ double: ☐

Charges for additional nights will be made directly by the hotel and should **not** be included in the registration fee. Changes to reservations for additional nights should also be made directly with the hotel.