

Application Form- Please return by Thursday 25th May 2006

3rd European Workshop on Automatic Differentiation

Thursday June 1st 2006

Personal Details

Surname:	Title
First Names:	
Name by which you wish to be known:	
Establishment:	

Contact Details

Address for Correspondence (i.e., Work):
Telephone No:
Email Address:
Fax No:
Next of kin (please give details for emergency contact only):
Name:
Address:
Telephone No:

Fees & Invoice Details

The registration form together with a cheque made payable to

Oxford University Computing Laboratory

should be returned by May 25th 2006 to:

Mrs B C Byrne

ICFD Secretary
Oxford University Computing Laboratory
Wolfson Building, Parks Road
Oxford OX1 3QD

Tel: 44 (0)1865 273883

Fax: 44 (0) 1865 273839

Email: bette@comlab.ox.ac.uk

However, if you wish to pay by cash on the day this is acceptable and a receipt will be given to enable you to reclaim your payment. **FACILITIES ARE NOT AVAILABLE FOR PAYMENT BY CREDIT CARD.**

Registration fees (tick one):

Academic £20
Non-Academic £30
Research Student £10

However, if you require an invoice please complete the following:

Contact Name for invoicing:

Invoice Address:

Telephone No:

Please complete all sections of this form and return it to the address shown above