

REGISTRATION FORM

AES 23rd International Conference

Signal Processing in Audio Recording and Reproduction

Hotel Marienlyst, Helsingør, Copenhagen, Denmark
May 23–25, 2003

Mail or fax this form with payment information to
 AES 23rd International Conference, Treasurer, S. K. Pramanik
 Sarpsborgvej 56, 7600 Struer, Denmark, Fax +45 97853105
 or register on line at www.aes.org/events/23/registration
 Rooms for demonstrations are available to delegates for a moderate fee. Please apply to the secretary,
 Knud Bank Christensen, Email: 23rd_info@aes.org, Tel: +45 8742 7146, Fax: +45 8742 7010.
 Sponsorships for the conference are invited. Please apply to the secretary.

1 Please print/type all information as you wish it to appear on your badge.

Family Name _____ First Name _____

Company/organization _____ Job Title _____

Street Address _____

City _____ State _____ Post Code _____ Country _____

Tel: _____ Fax: _____ Email: _____

AES Membership No. _____ Name of Accompanying person _____

2 Conference Registration. Please check appropriate box (all figures in Danish Kroner DKK)

<input type="checkbox"/> AES MEMBERS	<input type="checkbox"/> 6500 (before April 23)	<input type="checkbox"/> 7000 (after April 23)
<input type="checkbox"/> NONMEMBERS	<input type="checkbox"/> 7200 (before April 23)	<input type="checkbox"/> 7700 (after April 23)
<input type="checkbox"/> AUTHORS	<input type="checkbox"/> 4200	
<input type="checkbox"/> AES STUDENT MEMBERS	<input type="checkbox"/> 4200	
<input type="checkbox"/> ACCOMPANYING PERSON	<input type="checkbox"/> 500 May 23–25 including breakfast only	
	<input type="checkbox"/> 1400 May 23–25 including breakfast, dinner, and banquet	

Arrival date Departure date

Extra Nights: 1100 single room, per night including breakfast
 1400 double room, per night including breakfast

3 Payment Modes (check box) Total Amount DKK _____

Giro / Bank Transfer to BG Bank, account No. 1199 7412282. Account holder - AES Denmark
 on Date : _____

Please charge my credit card in US\$:
 Amex Mastercard/Eurocard Visa

Card Number Expiration Date /
 Month Year

Name on card (print) _____ Date: _____
 Signature of Cardholder _____