

TPHOLs 2001 Registration Form

14th International Conference on
Theorem Proving in Higher Order Logics

University of Edinburgh and University of Glasgow
3-6 September 2001, Edinburgh, Scotland.

THIS IS FORM TP-REDUCED.

**FOR PARTICIPANTS ATTENDING BOTH
TPHOLs and CHARME.**

You must also complete CH-REDUCED if you are
registering for both TPHOLs and CHARME at
reduced-rate registration fees.

CONTACT INFORMATION

Title: _____ First name: _____ Last name: _____
Job title: _____ Organization: _____
Street address: _____
City: _____ Country: _____ Zip/Postal code: _____
Email: _____ Phone: _____ Fax: _____
Name as to appear on badge: _____

TPHOLs REGISTRATION FEE (REDUCED RATE)

Before or on 20 July 2001:
Full registration: £130
Student registration: £85
After 20 July 2001:
Full registration: £160
Student registration: £105

(tick only one)

EXTRAS YOU PAY FOR NOW

Extra conference dinner tickets (£40 each)
Number required: _____ Cost: _____
Extra excursion tickets (£15 each)
Number required: _____ Cost: _____
Total cost of extra tickets: _____

OTHER INFORMATION WE NEED FROM YOU

Expected date of arrival: _____ Departure: _____
Are you presenting a paper (Y/N)? _____ A poster (Y/N)? _____
Special dietary requirements (e.g. vegetarian): _____
Special dietary requirements for extra excursion/dinner guests: _____
Special needs (e.g. wheelchair access): _____
Would you be interested in purchasing a conference T-shirt (Y/N)? _____

ENACTMENT OF REGISTRATION AND PAYMENT

Please register me for TPHOLs 2001 as stated above. I enclose a total payment of £ _____

Signature: _____ *Date:* _____

Please make cheques payable to *University of Edinburgh*. All cheques must be payable without charge in pounds sterling. Requests for refunds must be received in writing no later than 20 July 2001. Refunds are subject to a £30 processing fee.

Method of payment (tick only one):

Personal cheque
Company cheque
VISA
MasterCard

Credit card details

Card number: _____
Card valid from: _____ to _____
Total amount to be charged: UK£ _____
Name of cardholder (print): _____
Cardholder signature (sign): _____

WHERE TO SEND THE FORM

To register, please fax or mail this form with payment to: *Jennie Douglas, TPHOLs2001, Institute for Representation and Reasoning, University of Edinburgh, 80 South Bridge, Edinburgh, EH1 1HN, Scotland.* Fax: +44 (0)131 650 6513. For help, please call +44 (0)131 650 2733. **Registration forms without payment will not be accepted.**