CCWI2005 Registration Form

5 – 7 September 2005, University of Exeter, Exeter, UK

Please use this form to pre-pay your registration for the CCWI2005 International Conference. Inclusion of conference papers in the proceedings and CDROM is subject to registration and conference attendance. Registration fees include a bound copy and a CD of proceedings, buffet lunches, evening barbeque (Monday 5th September) and the Gala Dinner (Tuesday 6th September). There will be no admittance into the Conference until receipt of payment has been confirmed. *Faxed and posted registrations must be received by 1st June 2005 to receive early registration rate.*

Campus accommodation and breakfast costs will be an additional charge, please complete the Campus Accommodation Request form if required. Confirmation will be sent by email. *No refunds will be granted for cancellations received after 1st August 2005.*

Type or Print Clearly

First Name: _____ Last Name: _____

Affiliation: _____

Email Address (for confirmation): _____

Registration Type

o	**Students** - Early Registration	By 1st June 2005	£240
o	**Students** - Late Registration	By 1st July 2005	£290
o	**Author** - Early Registration	By 1st June 2005	£340
o	**Author** - Late Registration	By 1st July 2005	£390
o	**Full** - Early Registration	By 1st June 2005	£440
o	**Full** - Late Registration	By 1st July 2005	£490
o	Registration after **1st July 2005**	Subject to availability	£490

I am interested in attending the following social events included in the Registration Fee

o Barbeque – Monday 5th September o Gala Dinner – Tuesday 6th September

I am interested in attending the following workshops (details available at http://www.ex.ac.uk/ccwi2005/workshops.htm)
The workshops will be an additional cost.

o **Optimization Modeling** – Sunday 4th September 2005 o **GISRed** 1.0 - Sunday 4th September 2005

Payment by: o Cheque (Post the cheque, in GBP, to the address below, payable to the University of Exeter)

o Credit Card (Complete your details below and send by fax to +44 (0)1392 263646)

Type of Credit Card: o Visa o MasterCard

Card Number: | | | | | | | | | | | | | | | | |

Expiry Date: | | | | |

Card Holder Name: _____

Card Billing Address: _____

Signature authorising charge of the registration fee to the credit card: _____

Forward your completed form to: CCWI2005, Centre for Water Systems, University of Exeter, Department of Engineering, North Park Road, Exeter, EX4 4QF or **Fax +44 (0)1392 263646.**

If you have any questions, please contact the Conference Co-Ordinator +44 (0)1392 263732 or ccwi2005@exeter.ac.uk