

Registration Form

23rd IFIP WG 11.3 Conference on Data and Applications Security (DBSec'09)
Concordia University, Montreal, Canada, July 12-15, 2009

PLEASE PRINT LEGIBLY OR TYPE

Personal Details

First name Last Name.....
Affiliation
Mailing Address
City.....Province/State.....Country.....Zip Code.....
Email.....TelephoneFax.....
Special dietary requirements (if any).....

Important Notes

Author Registration: At least one author of each accepted paper must register by **May 20**.

Student Registration: To qualify for paying the student registration fee, a photocopy of student card or a letter from departmental administration must be attached to the completed registration form.

Registration Confirmation: Once your payment is cleared, you will receive a confirmation in e-mail.

Cancellation Policy: No refunds will be given once the fees have been processed.

The standard registration fee covers:

- Welcome reception on July 12.
- Lunch on July 13, 14 and 15.
- Conference attendance July 13, 14 and 15.
- Conference Banquet or social event.
- Tea/coffee breaks July 13, 14 and 15.
- One copy of the conference proceedings.
- IFIP fee.

For delegates with an accompanying person, who is not attending the conference but would like to buy the lunches and the conference banquet meal or social event ticket, please contact the conference secretary Ms. Sheila Anderson (anderson@ciise.concordia.ca) for details.

Registration Fees

Please select one of the following:

- Early bird regular registration (on or before May 20) fee: **\$590CAD**.....
- Regular registration (after May 20) fee: **\$690CAD**.....
- Early bird student registration (on or before May 20) fee: **\$350CAD**.....
- Student registration (after May 20) fee: **\$390CAD**.....

Note: All fees include TPS/GST (106966591 RT0001) 5% and TVQ/QST (1006010110 TQ0012) 7.5%.

Payment

Fees will be charged in Canadian dollars via a credit card. Only **Visa or MasterCard** is acceptable. Please complete the following payment details:

I am paying a total of Canadian dollars using my card
(please specify the type of card to be used, either Visa or MasterCard).

Full Name on the Credit Card

Credit Card Number

Expiry Date

Card Security Code(the 3 digits to the right of the signature strip)



Full Billing Address

City.....Province/State.....Country.....Zip Code.....

Signature

Returning the Registration Form

Please fax your completed Registration Form to (+1) 514-848-3171 along with an email notification to the conference secretary, Ms. Sheila Anderson (anderson@ciise.concordia.ca). To ensure your credit card safety, please do not send the registration form itself through emails.

Contact Information

For further questions, please contact the conference secretary:

Ms. Sheila Anderson

1455 de Maisonneuve Blvd. W., EV007.643

Montreal, Quebec

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Fax: (+1) 514-848-3171

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