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# Registration ACSHIMURA

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October 19 to 24, 2009

## Registration Form

Family Name:

First Name:

### Institution Full Address

Department:

University:

Street and number:

P.O. Box:

City:

Postal Code:

Country:

Telephone:

Fax:

e-mail:

Passport/DNI

### Personal Address

Street name and number:

City:

Postal Code:

Country:

Citizenship:

Birthdate:

Gender: Female

Male

Do you want to apply for:

Lodging grant: Yes  No

Registration grant: Yes  No

I am interested in presenting a communication\*: Yes  No

Title:

\* Please, send an abstract (up to one page long) to [acshimura@crm.cat](mailto:acshimura@crm.cat) before July 31, 2009. No communication will be accepted unless the abstract is received by that date. Please, write "Abstract by YOUR NAME" on the message subject.

If time constraints do not allow all submitted short talks to be presented the Scientific Committee, in consultation with recognised experts, will make the selection. All participants will be informed of the final choice of short talks by mail.

General registration fee	300 euros	<input type="checkbox"/>
Registration Fee for Members of the Societat Catalana de Matemàtiques	150 euros	<input type="checkbox"/>

Bank fees must be paid by the participants.

***No registration will be processed until the CRM receives the registration payment.***

**Deadline for registration and payment: October 5, 2009**

**Please, fill out the form, make a pdf file, and send it to [acshimura@crm.cat](mailto:acshimura@crm.cat)**

**For problems concerning the registration, please contact [nhernandez@crm.cat](mailto:nhernandez@crm.cat)**



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