

## PQC 2010 REGISTRATION FORM

### The Third International Workshop on Post-Quantum Cryptography Darmstadt, Germany, May 25-28

Please complete the form and send by e-mail or fax to the workshop organisation office before April 25th, 2010. Should you have any questions, please do not hesitate to contact us via e-Mail: [pqc2010@cased.de](mailto:pqc2010@cased.de).

For Office use only      Reg.-Nr.: \_\_\_\_  
Date: \_\_/\_\_/\_\_      B / R / A

Please send the registration form to:  
CASED, Mornwegstrasse 32, 64293  
Darmstadt, Germany

Telephone : +49 6151 16 50755  
Fax : +49 6151 16 4825  
e-Mail : [pqc2010@cased.de](mailto:pqc2010@cased.de)

#### 1. DELEGATE REGISTRATION DETAILS

Name:		Title:	Dr.	Prof.	Mr.	Ms.	
Surname:		Sector:	Industry	Academic	Government		
Organisation:		Department:					
Postal Address:							
City:		Country:		Postal Code:			
Telephone:		Fax:					
e-Mail Address:							

#### 2. PARTICIPANT REGISTRATION FEES

The regular conference registration fee includes participation to the workshop program and the social event. Students receive a discount. Each participant will receive a printed version of the proceedings.

<b>Early Bird Registration** (by April 25th 2010)</b>	Regular	300 EUR	
	Student*	250 EUR	
<b>Late Registration (after April 25th 2010)</b>	Regular	350 EUR	
	Student*	300 EUR	
<b>* Full-time student only</b>		<b>TOTAL (EUR)</b>	
<b>** Authors must register by April 25th 2010 to have their contribution included in the proceedings</b>			

#### 3. PAYMENT

Payment can be made by Credit Card Payment (VISA, Master Card). In order for the organizers to identify payments, please make sure that „PQC2010“ and your name is clearly stated.

##### PAYMENTS VIA CREDIT CARD

I hereby authorize the „Technische Universität Darmstadt“ to charge the PQC 2010 registration fee to my credit card in accordance with the details given below:

Credit Card No.:		Amount Charging:	
Card Holder Name (exactly as it appears on card):		Type: Visa / Master	
Date of Expiry:		Card Security Code (last three digits to the right of the signature strip)	
<i>I need a receipt in advance (every participant gets a receipt on site)</i>			

#### 4. PARTICIPANT SIGNATURE

Date:	Signature:
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