



# ICVS '05 LYON

July 8–12, 2005

## 18th Symposium of the International Color Vision Society Conference Registration Form

*Please print out this form and mail the **signed** original to:  
(If the form is faxed, it must still be followed by the original in  
the mail!)*

ICVS '05 Lyon  
Attn: Mme Christiane CAMBON  
Inserm ADR5 Lyon  
162 avenue Lacasagne  
69394 Lyon cedex 03  
France  
Fax: +33 (0)4 72 13 88 01

*Please type or print clearly*

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Accompanying person(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Daytime phone and fax \_\_\_\_\_

*Please indicate registration types and fees in the spaces below:*

- Regular (350 € until April 1, 425 € thereafter) \_\_\_\_\_
- Pre-Doctoral Student (250 € until April 1, 325 € thereafter) \_\_\_\_\_  
(Faculty advisor must submit accompanying letter to certify status)
- Accompanying person(s) (250 € until April 1, 300 € thereafter) \_\_\_\_\_

Total registration fee \_\_\_\_\_

*Please indicate payment method below:*

- check payable in Euros on a European bank account to Agent Comptable de l'Inserm  
 VISA  MasterCard  AMEX # \_\_\_\_\_ expiration \_\_\_\_\_

Authorized Signature \_\_\_\_\_

- Purchase Order or Bank Transfer to account number:

TRESOR PUBLIC: 10071 69000 00001004262 82

IBAN: FR76 1007 1690 0000 0010 0426 282

(Please attach copy of PO. The money must be transferred at least one month before the meeting.)