

20th World Conference on Open Learning and Distance Education

Düsseldorf, Germany, 01 - 05 April 2001

<http://www.icde.org>

Registration Form

Please complete and return both pages to:
MONDIAL CONGRESS ICDE 2001
 Faulmannsgasse 4, A-1040 Wien, Austria
 fax: +43 1 5869185

(Updated: 28 Feb 2001)

First Name:		Family Name:	
Title:	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> other (please specify):
Position:		web address:	
Institution:		Street:	
Zip code:	City:	State:	Country:
Phone:		Fax:	
E-mail:			
Accompanying Person(s):		Family Name:	
First name:			

REGISTRATION FEE

CATEGORY	Before	After
	15 January 2001*	15 January 2001
ICDE Members only	<input type="checkbox"/> EUR 640	<input type="checkbox"/> EUR 690
General Registrations	<input type="checkbox"/> EUR 700	<input type="checkbox"/> EUR 750
Students **	<input type="checkbox"/> EUR 240	<input type="checkbox"/> EUR 240

- CANCELLATION OF REGISTRATION**
- Cancellations received by 15 January 2001 will receive full refund less an EUR 40 charge
 - Cancellations received by 01 March 2001 will receive a 50% refund
 - Cancellations received after 01 March 2001 will not be refunded.

* Registration form and payment to be received by Mondial Congress by 15 Jan. 2001

** Please provide verification and copy of ID-card

Subtotal 1: EUR

PRE-CONFERENCE-EVENTS

PROGRAMME	Dates	Fee per pers.	No. of Persons	Total Amount
1-day CeBIT Programme	Wed, 28 March	EUR 160/130*		
3-day CeBIT Programme	Mon, 26 March to Wed, 28 March	EUR 360/290*		

1 Carl von Ossietzky University of Oldenburg	Wed, 28 March to Sun, 01 April	EUR 650/570*		
2 European Distance Study Centre —Saxony-Anhalt at Köthen		EUR 430/380*		
3 FernUniversität/University of Hagen	Wed, 28 March to Sat, 31 March	EUR 410/410*		
4 University of Applied Sciences Hof & —Bavarian Virtual University	Wed, 28 March to Sun, 01 April	EUR 600/550*		
5 Universities of Dresden, Leipzig & Weimar		EUR 460/460*		
6 University of Hamburg & Virtual University of —Applied Sciences Lübeck		EUR 770/670*		
7 University of Karlsruhe (TH)		EUR 580/520*		
8 Universities of Kaiserslautern & Koblenz —Landau, Campus Koblenz		EUR 850/750*		

* Prices for single/double booking per person

Subtotal 2: EUR

SOCIAL PROGRAMME

PROGRAMME (Reservation necessary)	Date	Fee	No. of Persons	Total Amount
Opening Ceremony, Reception & Cocktail	Sunday, 01 April	included		n.a.
Subtotal 3: EUR				n.a.

OPTIONAL TOURS

PROGRAMME	Time	Date	Fee	No. of Persons	Total Amount
City Tour of ancient Düsseldorf	09:00	Monday, 02 April	EUR 30		
Famous Women of Düsseldorf ...	14:00	Monday, 02 April	EUR 23		
Historical Churches ... City Centre	09:00	Tuesday, 03 April	EUR 17		
Heinrich-Heine-Tour	14:00	Tuesday, 03 April	EUR 23		
Guided walk along the Media-Mile	09:00	Wednesday, 04 April	EUR 23		
Subtotal 4: EUR					

POST-CONFERENCE-TOURS

PROGRAMME	Dates	Fee	No. of Persons	Total Amount
3-day-Tour to Berlin: 4star-Hotel, double room Single room supplement	Thursday, 05 April to	EUR 445		
	Saturday, 07 April	EUR 110		
4-day-Tour to Amsterdam: 4star-Hotel, double room Single room supplement	Thursday, 05 April to	EUR 600		
	Sunday, 08 April	EUR 140		
Subtotal 5: EUR				

HOTEL ACCOMMODATION

Room rates are including breakfast. Reservation - depending on availability - will become valid only if confirmed by Mondial Congress.

I hereby make a firm reservation for (please tick ✓ the appropriate box):

Hotel Category	Single Room	Double Room		Deposit
<input type="checkbox"/> *****	<input type="checkbox"/> EUR 115 - 140	<input type="checkbox"/> EUR 130 - 150	No hotel reservation is possible without receipt of the corresponding hotel deposit.	EUR 150
<input type="checkbox"/> ****	<input type="checkbox"/> EUR 95 - 115	<input type="checkbox"/> EUR 95 - 130		EUR 130
<input type="checkbox"/> ***	<input type="checkbox"/> EUR 70 - 80	<input type="checkbox"/> EUR 85 - 95		EUR 95
<input type="checkbox"/> * / **	<input type="checkbox"/> EUR 50 - 70	<input type="checkbox"/> EUR 75 - 85		EUR 85
<input type="text"/>	<input type="text"/>	The number of reserved nights will serve as a basis for your hotel invoice.		Please fill in the deposit to be paid
Date of arrival	Date of departure	Subtotal 6: EUR		<input style="width: 100px;" type="text"/>

If you are sharing the room with another registered delegate please advise the name:

ALL-INCLUSIVE FLIGHT-ARRANGEMENT

Please send me an offer for:

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Date of arrival in Düsseldorf Date of departure from Düsseldorf No. of passengers Airport of departure (home)

Name(s) of Passenger(s):

Single room Double room Category: ***** **** ***

Any All-Inclusive Flight-Arrangement Reservation is only definite upon receipt of **full pre-payment**.

TERMS OF PAYMENT

Please tick ✓ which form of payment you are choosing:

All payments in EUR only

<input type="checkbox"/> Bank Transfer to the 'ICDE' account Bank Austria, Postbox 35, A-1050 Vienna/Austria No. 150-108-279/00; bank code 12000 (until 23 March 2001 at the latest)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total: EUR</td> <td style="width: 40%;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Total of subtotals 1+2+4+5+6</td> </tr> </table>	Total: EUR	<input style="width: 100%;" type="text"/>	Total of subtotals 1+2+4+5+6	
Total: EUR	<input style="width: 100%;" type="text"/>				
Total of subtotals 1+2+4+5+6					
<input type="checkbox"/> Cash or check deposit Check No. <input style="width: 150px;" type="text"/> Drawn at Bank <input style="width: 150px;" type="text"/>					
<input type="checkbox"/> Credit card: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Euro/Master Card <input type="checkbox"/> Diners Credit card number <input style="width: 150px;" type="text"/> Expiry Date <input style="width: 100px;" type="text"/>					
Name of the card holder as written on the credit card	Signature of card holder				

DATE _____

SIGNATURE _____