



19th International Conference on Automated Planning & Scheduling

Thessaloniki, Greece, September 19-23, 2009

REGISTRATION FORM

Personal details (in blocks capital please)

Title: (Professor/Dr./Mr./Ms/Mrs)

Name and Surname:

Affiliation:

Address:

Tel:

Fax:

E-mail:

Conference fee

Please tick the appropriate amount:

Category	Early (before August 7 th , 2009)	Late (after August 7 th , 2009)	On site
Regular	<input type="checkbox"/> 500 €	<input type="checkbox"/> 600 €	<input type="checkbox"/> 650 €
Student ¹	<input type="checkbox"/> 300 €	<input type="checkbox"/> 350 €	<input type="checkbox"/> 400 €
Accompanying persons (Banquet, welcome reception etc): x 80 €		 €

The conference fee includes attendance at the main conference as well as at the workshops/tutorials programs, all proceedings and accompanying material, one lunch and two coffee breaks for all (five) days, the welcome reception (including free visit to the Museum of Byzantine Culture), the conference banquet etc.

¹Proof of the student status is required (e.g., letter from advisor or from the Department - in English)

Payment options

A) Credit card

If you are paying by credit card, please complete and sign the following:

Credit card type (please check): Visa MasterCard

Name as it appears on the card:

Credit card number:

Expiration date: / (MM/YY) CVV2:

I authorise ICAPS Inc. to charge my credit card with the amount of _____ € (please complete the appropriate amount), as a fee to participate in the 19th International Conference on Automated Planning and Scheduling (the owner of the credit card must sign).

Signature: _____ Date: _____

B) Bank transfer

Please make sure that during payment you state your full name and in parentheses "ICAPS 2009", i.e., Firstname Lastname (ICAPS 2009). The details of the bank account are the following:

Name and address of Bank: Piraeus Bank, Aggelaki Branch, Thessaloniki, Greece
 BIC: PIRBGRAA
 Currency of Account: EURO
 Account in the name of: 19TH INTER CONF ON AUTOM PLANNING AND SCHEDULING
 Account Number: 5202-038362-399
 IBAN Number: GR87 0172 2020 0052 0203 8362 399

In case you select the bank transfer option, please send us also a copy of the receipt of the transaction (see instructions at the end of the registration form).

Important: Receipts for the conference fee will be issued by ICAPS Inc. They will be delivered on site. If you need them in advance, please email us at register@icaps09.gr.

INFORMATION SECTION**Workshops program and other events**

Please tick the events you are going most likely to attend (no commitment):

<input type="checkbox"/> WS1	4 th Workshop on Planning and Plan Execution for Real-World Systems	<input type="checkbox"/> WS6	Workshop on Planning and Learning
<input type="checkbox"/> WS2	COPLAS'09: Workshop on Constraint Satisfaction Techniques for Planning and Scheduling Problems	<input type="checkbox"/> WS7	SPARK: Scheduling and Planning Applications workshop
<input type="checkbox"/> WS3	1 st International Workshop on Intelligent Security	<input type="checkbox"/> WS8	2 nd Workshop on Heuristics for Domain-independent Planning
<input type="checkbox"/> WS4	AI P&S for Ontologies and Semantic Web	<input type="checkbox"/> WS9	Bridging The Gap Between Task And Motion Planning
<input type="checkbox"/> WS5	Verification and Validation of Planning and Scheduling Systems	<input type="checkbox"/> WS10	Generalized Planning: Macros, Loops, Domain Control
<input type="checkbox"/> Doctoral Consortium		<input type="checkbox"/> ICKEPS	

Tutorials program

Please tick the tutorials you are going most likely to attend (no commitment):

<input type="checkbox"/> TUT1	Heuristics for Classical Planning (With Costs)	<input type="checkbox"/> TUT3	Real-Time Planning in Dynamic and Partially-Known Domains
<input type="checkbox"/> TUT2	Petri Nets and Their Relation to Planning	<input type="checkbox"/> TUT4	Representing, Eliciting, and Reasoning with Preferences
<input type="checkbox"/> TUT5 Practical Planning & Scheduling			

Travel details

Please give us the following details, if available.

Hotel:

Arrival details – Date:/9/2009 Time::..... Flight No.:

Departure details – Date:/9/2009 Time::..... Flight No.:

Alternatively, please send us your travel details at your earlier convenience at info@icaps09.gr .

Please send the completed Registration Form together with the proof of payment (for bank transfers) and of the student status (if applicable) at:

- **Fax:** +30.2310.891805 or
- **Email** (scanned image(s)): register@icaps09.gr

You will receive a confirmation email within one working day.