



IMF 2014



German Society of Informatics



Ahrstraße 45  
53175 Bonn  
Germany

SIG SIDAR Conference on  
**IT Security Incident Management & IT Forensics IMF 2014**  
Münster, Germany, May 12-14, 2014

**Official Conference Registration**

Please fill out the form in block letters, use one registration form per person, sign and send to:

**Ursula Kortemeyer,**  
**Institut für Wirtschaftsinformatik, Westfälische Wilhelms-Universität Münster**  
**Leonardo-Campus 3, 48149 Münster, Germany**  
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kortemeyer@wi.uni-muenster.de

Mr Title /  
 Mrs Name .....

Company / Institute: .....

Street / No.: .....

City / Zip / Country: ..... Telephone: .....

E-Mail-Address: ..... Fax: .....

Membership \*)  in GI Member No: .....

in affiliated scientific society: .....

Conference Fees:	Early Registration by Apr 07, 2014		Registration after Apr 07, 2014		Fee (€)
	2 days	3 days	2 days	3 days	
Regular Fee **)	<input type="checkbox"/> 325 €	<input type="checkbox"/> 400 €	<input type="checkbox"/> 375 €	<input type="checkbox"/> 450 €	
Reduced Fee: University members **)	<input type="checkbox"/> 275 €	<input type="checkbox"/> 375 €	<input type="checkbox"/> 325 €	<input type="checkbox"/> 425 €	
Reduced Fee: GI-Member *)**)	<input type="checkbox"/> 250 €	<input type="checkbox"/> 325 €	<input type="checkbox"/> 300 €	<input type="checkbox"/> 375 €	
Reduced Fee: Member of affiliated scientific societies *)**)	<input type="checkbox"/> 255 €	<input type="checkbox"/> 335 €	<input type="checkbox"/> 305 €	<input type="checkbox"/> 385 €	
Reduced Fee for Law Enforcement Agencies **)	<input type="checkbox"/> 255 €	<input type="checkbox"/> 335 €	<input type="checkbox"/> 305 €	<input type="checkbox"/> 385 €	
Student Fee (proof needed) **)	<input type="checkbox"/> 100 €	<input type="checkbox"/> 125 €	<input type="checkbox"/> 150 €	<input type="checkbox"/> 175 €	
Student Fee + GI-Member (proof needed) *)**)	<input type="checkbox"/> 75 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 125 €	<input type="checkbox"/> 150 €	
Full day Workshop (3 <sup>rd</sup> day only) ****)	<input type="checkbox"/> 85 €		<input type="checkbox"/> 100 €		
Half-day (ISC) <sup>2</sup> -Workshop on 3 <sup>rd</sup> day ****)	<input type="checkbox"/> 0 €		<input type="checkbox"/> 0 €		
Extra ticket for additional persons ****) Dinner / Social Event, May 12, 2014			<input type="checkbox"/> 60 €		

**No. of additional persons:** .....

\*) The reduced fee (incl. tax) for GI-Members is valid for conference participants, who submit an application for GI membership and pay the first membership fee by the time of payment of the registration fee.  
The reduced fee for GI-members is also valid for members of the following affiliated scientific societies: ACM, IEEE, Comp. Society, CEPIS-Societies, CCF (RC), EUROGRAPHICS, DMV, GIL, GOR, and (ISC)<sup>2</sup> - proof needed.  
Reduced fees are NOT valid for members of DPG, GAMM, GMDS, IMACS, ÖGI, VDE und VDI.

\*\*) The conference fees (incl. tax) cover the conference proceedings and the admission to the conference dinner for one person on May 12, 2014.

\*\*\*) Price per person (incl. tax), no conference proceedings.

\*\*\*\*) Half day workshop for (ISC)<sup>2</sup> members without fee - proof needed, no conference proceedings

**Total Amount (€):**

Vegetarian Food:

Dietary restrictions: .....

Money transfer

**I agree to pay the total amount after receiving the registration confirmation / invoice to:**

Gesellschaft für Informatik eV, Sparkasse Bonn  
Account-No. 46581, Bank Code (BLZ) 37050198,  
SWIFT(BIC) COLSDE33, IBAN DE65 3705 0198 0000 0465 81  
Subject: **Conference Fee IMF 2014 <your name>**

**Credit Card Information:**

Mastercard  Visa Valid until: .....

Number: ..... 3-Digit Card Verification Value Code: .....

Name: .....

**Cancellations:** Cancellations should be received in written form by May 04, 2014. 90% of the Conference Fee will be refunded. After May 04, 2014 no refunds will be given, however Conference proceedings will be sent to you following the conference. The nomination of alternate participants must be received in writing form or by fax.

**Privacy statement:** Information provided by the participants, except for the data explicitly authorized for the list of participants, will be kept confidential and will not be released to a third party.

**In addition to the privacy statement, I agree to the publication** of the following data in the printed list of participants (please mark check boxes to the right, which data you would like to have published):

Name, First Name  
 Institution

Date, City ..... Signature .....