

Registration Form

The 7th Int. Conference on Cryptology in Africa - Morocco (Africacrypt 2014).

- Participant: Mr or Ms
- Author or non-author: _____
- Student or non-student: _____
- First name: _____
- Last name: _____
- Institute/Company: _____
- Department: _____
- Address: _____
- Postal code City: _____
- Country: _____
- Telephone: _____
- Fax: _____
- E-mail: _____

REGISTRATION FEE : Please specify your choice :

Regular Participant	
Student	
Package without accommodation	
Accompanying person	
Participant from Morocco	
Student from Morocco	

**Please return this Registration Form filled and a copy of your bank transfer remittance receipt by e-mail to Pr Berqia (berqia@gmail.com)
Don't forget to indicate in the object of the e-mail, your paper ID.**