

**REGISTRATION FORM**  
**International Workshop on Quantum Computing**

August 1-5, 2004  
IPM, Tehran, Iran

Please fill out the following form and then send it to:

Fax: +98 21 2290648

**Personal Information**

First Name and Middle Initial:

Last Name:

Affiliation:

Mailing address:

Email:

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**Talks**

Do you wish to give a talk?                      Yes                       No

If so, please indicate a title for your talk:

Abstract:

## Financial Support

Would you like to apply for a financial support to cover part of your expenses?

Yes

No

## Comments