



**INTERNATIONAL WORKSHOP:
FROM COMPUTER BASED ASSESSMENT TO AUGMENTED COGNITION: IMPROVING THE USE OF
COMPUTERS FROM SELECTION TO OPERATIONAL ENVIRONMENT**

VIENNA, AUSTRIA 10th – 13th June 2002

Workshop Registration Form

PLEASE REGISTER AS SOON AS POSSIBLE

PLEASE, REGISTER ME FOR THE WORKSHOP ON **COMPUTER BASED ASSESSMENT**

First Name: Last Name:

Please complete your address data below only if we don't have them or if the data we used are incorrect.

Title: Middle name or initials:

Job Title: Affiliation/Company:

Street address:

Postal code: City (and State if in the US): Country:

E mail address 1: E-mail address 2:

Commercial phone: (country code, area code, number):

Commercial fax: (country code, area code, number):

NAME TAG

Please write the information you want us to print on your name tag.

First Name & Name:

Rank or Title (Optional):

Affiliation / Country (Optional):

If you have any questions regarding registration, please contact Ludwig Krysl via e-mail at hpd@bmlv.gv.at.

If you wish to register by mail, please complete this form and send it to:

International Workshop on **COMPUTER BASED ASSESSMENT**

p/a HPD (Dr. Ludwig R. KRYSL)

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