

Registration form

COGNITIVE 2010

November 21-26, 2010, Lisbon, Portugal

(One registration allows one participant to assist to all ComputationWorld 2010 events)

Please fill in the form, sign it by hand, and send it via one of the following:

Fax: 1-302-397-2009

E-mail: manuela@vicov.com

Title (Student/Prof/Dr): _____ First Name: _____ Last Name: _____
Paper number (e.g., #10254) (for authors only: only one paper per form) _____
Institution: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

A. Conference Registration Fees

The full registration fees include: access to all the conferences, the welcome cocktail, the coffee breaks, the gala dinner, the CD-proceedings for the conference where the paper is registered (including archiving, publication, and indexing), and the participation to all the scientific events under the ComputationWorld 2010 umbrella.

	IEEE Member IARIA Fellows	Non-IEEE Member	
Academic Rate IEEE Membership #	565 €	615 €	_____ €
Industry rate IEEE Membership #.....	765 €	815 €	_____ €
Additional late fee * - after August 18 /2010, 100 € - after September 18 /2010, 150 € * late payment acceptable for attendance only * authors must register before August 18			_____ €
Additional Proceedings: 100 €/CD			_____ €
Extra pages: 105 € / page (over 6 pages)			_____ €
Additional Gala Dinner: 95 €			_____ €

TOTAL A: _____ €

B. Tutorials

Tutorials are free of charge for all the attendees (see final program for details)

C. Hotels

Conference Hotel:



Mercure Lisboa

AV JOSE MALHOA 23 1099-051 LISBOA - PORTUGAL

<http://www.mercure.com/gb/hotel-3346-mercure-lisboa/index.shtml>

Other hotels: see “Touristic Information” on the conference site

D. Social Event - Tour [November 26, 2010]

Lisbon and its historic surroundings
(by bus; lunch and drinks included)

100 € x __ persons = _____

If ‘credit card’:
TOTAL (A + D): _____ €

If “wire transfer”:
TOTAL (A + D + 40€): _____ €

Payment of Fees (check one of the methods):

By Credit Card (preferred method) (Mastercard or Visa)

Card number: _____

CVV: _____ (this is the 3 or 4 digit number on the back of the card)

Expiration date: _____

Holder's Name: _____ Holder's Signature: _____

Credit Card billing address:

Street address: _____

City: _____ State: _____

Zipcode/Postcode _____ Country: _____

By Wire Transfer (please add 40 € for processing the wire transfer)

Contact manuela@vicov.com for the wire transfer accounts information

Date and Author's Signature: _____

Important: Please note that NO refund on any service mentioned above will be issued after August 18th, 2010 as all the services are ordered and paid when the registration is received.

In case of an emergency that prevents the original presenter from attending, the registration may be transferred to another presenter.