Registration form

MESH 2010

July 18-25, 2010, Venice/Mestre, Italy

(One registration allows one participant to assist to all NetWare 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	y: only one p	aper per form) _	
Institution:				
Street Address:				
City:	State:		Zip: Country:	
Phone:	Fax:	s: Email:		
A. Conference Registra The full registration fees include: gala dinner, the CD-proceedings f Xplore Publication, and indexing) umbrella.	access to all the confor the conference wh	nere the paper i	s registered (includia	ng CSDL and IEEE
Academic Rate	IARIA Fe		615 €	•
IEEE Membership #			015 €	
Industry rate IEEE Membership #	765 0	€	815 €	€
Additional late fee * - after April 15 /2010, 100 € - after May 15/2010, 150 € * late payment acceptable for attendance of authors must register before April 15	only			€
Additional Proceedings: 100 €/C	CD			
Extra pages: 105 € / page				€
(over 6 pages)				€
Additional Gala Dinner: 95 €				·

TOTAL A: _____€

B. TutorialsNote: see final program

C. Hotel price (LIMITED TO THE FIRST 60 REGISTERED Arrival date _____ Arrival time _____ Departure date _____ Departure time Number of nights: _____ **Conference Hotel:** Novotel Mestre/Venezia Hotel (All taxes & services are included in the conference prices) - Room for 1 person with 1 breakfast 115 € x ___nights = ____ - Room for 2 persons with 2 breakfasts 125 € x ___nights = ____ Number of persons per room (One/Two) Number beds (One/Two): Bed for baby (Yes/No): (____ years old) Total C: € **D. Social event [July 23, 2010]** (See Details in the Preliminary Program) **Visit of Venezia Islands** (full day with lunch, 2 islands) $140 \in x$ __ person(s) = __ (Venezia San Marco Square, Doge's Palace, Rialto's bridge, Campanile di San Marco, Scala del Bovolo, Fenice Theater, Campo San Stefano) If 'credit card": TOTAL (A + C + D): If "wire transfer": TOTAL $(A + C + D + 40\epsilon)$:

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

Payment of Fees (check one of the methods):

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

Expiration date: _____ Holder's Signature: _____

Credit Card billing address:

Street address:

City:

Stoto:

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:

<u>Important:</u> Please note that NO refund on any service mentioned above will be issued after April 15th, 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.