Registration form

BIONATURE 2011 May 22-27, 2011 - Venice/Mestre, Italy

(One registration allows one participant to assist to all BioSciencesWorld 2011 and InfoSys 2011 events)

Please fill in the form, sign it by hand, and send it via one of the following: Fax: 1-302-397-2096

E-mail: andrea@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: S	tate: 2	Zip:Count	try:
Phone:	Fax:	Email:	
The full registration fees include: ac dinner, the digital proceedings for the and indexing), and the participation umbrella.	ne conference where the p	aper is registered (including a	archiving, publication,
	IARIA Fellows	Non-HEEE MEMBER	
Academic Rate	565 €	615 €	€
IEEE Membership #			
Industry rate	765 €	815 €	€
IEEE Membership # Additional late fee *			
- after March 20 /2011, 100 €			ϵ
- after April 20/2011, 150 €			C
* late payment acceptable for attendance only			
	y		
* authors must register before March 20			
* authors must register before March 20 Additional Proceedings: 100 €/cop			€
			€
Additional Proceedings: 100 €/cop Extra pages: 105 € / page (over 6 pages)			€
Additional Proceedings: 100 €/cop Extra pages: 105 € / page			€

TOTAL A: _____€

B. Tutorials

Note: see final program

C. Hotel (group rate limited to the first 60 registered)

NOTE: All reserved rooms at the conference hotel have been filled. Please arrange your hotel booking in Venice at your convenience. Conference will take place at:

NOVOTEL VENEZIA MESTRE CASTELLANA // Via Ceccherini 21 // 30174 VENEZIA MESTRE // ITALY

Additional hotel information available at: http://www.iaria.org/conferences2011/HotelsTravelICNS11.html

attending, the registration may be transferred to another presenter.

D. Social Event - Tour [May 27, 2011]	
One Day Trip Tour	150 € x persons =
If 'credit card'':	<u>TOTAL (A + D):</u> €
If "wire transfer":	TOTAL $(A + D + 40\epsilon)$:
Payment of Fees (check one of the methods)	<u>.</u>
By Credit Card (preferred method)	(Mastercard orVisa)
Card number: (this is the 3 or 4 Expiration date: Holder's Name:	digit number on the back of the card)
Holder's Name:	Holder's Signature:
Credit Card billing address: Street address:	
City:St	
Zipcode/PostcodeC	
By Wire Transfer (please add 40 € for proce Contact andrea@vicov.com for the wire trans	,
In case of extraordinary situation, as deemed by authors' behalf with respect to camera ready up	· · · · · · · · · · · · · · · · · · ·
Date and Author's Signature:	
	vice mentioned above will be issued after March 20, the registration is received. No refunds are possible ncy that prevents the original presenter from