Registration form

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 DigitalWorld 2011 umbrella.

	IEEE Member IARIA Fellows	Non-IEEE Member	
Academic Rate IEEE Membership # ………………	565 €	615 €	_____ €
Industry rate IEEE Membership #......................	765 €	815 €	_____ €
Additional late fee * - after December 13 /2010, 100 € - after January 13/2011, 150 € * late payment acceptable for attendance only * authors must register before December 13			_____ €
Additional Proceedings: 100 €/CD			_____ €
Extra pages: 105 € / page **(over 6 pages)**			_____ €
Additional Gala Dinner: 95 €			_____ €

TOTAL A: _____ €

B. Tutorials

Note: see final program

Tutorials are free of charge for all the attendees

C. Hotel special price (LIMITED TO THE FIRST 60 REGISTERED)

As of February 5th, the reserved hotel rooms have been sold out. Please book hotel on your own. For alternative suggestions, please contact manuela@vicov.com

D. Social event (see Preliminary program)

Visit of Guadeloupe Island (full day with Lunch)   **130 € x __   person(s) = _____**

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 December 13, 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.