Registration Form

CENTRIC 2014

October 12 - 16, 2014 - Nice, France

(One registration allows one participant to assist to all SoftNet 2014)

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

Fax: 1-302-397-2009

E-mail: christine@vicov.com

Title (Student/Prof/Dr):	First Name:	Last N	Jame:	
Paper number (e.g., #1025	4) (for authors only: only	one paper per f	orm)	
Institution:				
Street Address:				
City:	_State:Zi	Zip: Country:		
Phone:	Fax:	ıx: Email:		
A. Conference Registration fees included The full registration fees included	e: access to all the conferences,			
	e: access to all the conferences, including archiving, publication			
The full registration fees include dinner, the digital proceedings (e: access to all the conferences, including archiving, publication 2014. IARIA Fellows or	n, and indexing), a	and the participati	
The full registration fees include dinner, the digital proceedings (scientific events under SoftNet 2	e: access to all the conferences, including archiving, publication 2014. IARIA Fellows or Full Time Students 565 €	Academic	and the participati	ion to all the

TOTAL A: _____€

B. Tutorials

Note: see final program

Tutorials are free of charge for all the attendees

C. Hotel

Please book directly with the hotel where the conference will take place:

Novotel Paris Est

Hotel Novotel Cap 3000 - Nice/St. Laurent du Var 40 avenue du Verdun, 06700 Saint Laurent du Var, France

A group registration form directly with hotel is available at: http://www.iaria.org/conferences2014/filesCENTRIC14/reservation.pdf

Feel free to arrange your stay however it is more convenient for you. Note that depending on where you book (direct, online, travel agency, etc.), prices may differ.

- You can also directly book hotel on your own: http://www.novotel.com/gb/hotel-0414-novotel-nice-aeroport-cap-3000/index.shtml

- You can also book a room at nearby hotels online or via your travel agency.

If 'credit card'':		TOTAL (A):	€	
If "wire transfer":	TOTAL (A + 40 €):		€	
Payment of Fees (check one of	the methods):			
By Credit Card (preferred n	ethod) (Ma	astercardVisa _	Discover)	
Card number:				
CVV:(th			the card)	
Expiration date:				
Holder's Name:	Holde	er's Signature:		
Credit Card billing address:				
Street address:				
City:				
Zipcode/Postcode	Countr	y:		
By Wire Transfer (please add Contact <u>christine@vicov.com</u>			n	
In case of extraordinary situation authors' behalf with respect to ca	•			
Date and Author's Signature:				
Note: While registration fees are quote	d in Euro € as a standard	d currency, fees will be ch	arged in U.S. Dollars \$ at	

Important: Please, note that NO refund on any service mentioned above will be issued after July 26, 2014 as all the services are ordered and paid when the registration is received. No refunds are possible after the reviews are released. In case of an emergency that prevents the original presenter from attending, the registration may be transferred to another presenter.

the official rate on the date the payment is processed.