Registration Form

ICSNC 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: _	I	Last Name:				
Paper number (e.g., #10254) (for authors only: only one paper per form)							
Institution:							
Street Address:							
City:	State:	Zip:	Country:				
Phone:	Fax:	E	mail:				

A. Conference Registration Fees

The full registration fees include: access to all the conferences, the welcome cocktail, the coffee breaks, the gala dinner, the digital proceedings (including archiving, publication, and indexing), and the participation to all the scientific events under SoftNet 2014.

	IARIA Fellows or Full Time Students	Academic	Industry	
Registration	565 €	615 €	815 €	€
Additional late fee *				
- after July 26 / 2014, 100 €				
- after August 26 / 2014, 150 €				€
* late payment acceptable for attendance only				
* authors must register at latest on July 26				
Extra pages: 105 € / page (over 6 pages)				
				€
Additional Gala Dinner: 95 €				
				€

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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/filesICSNC14/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.

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

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

If 'credit card'':		TOTAL (A):	€
If "wire transfer":	<u>TOT</u>	€	
Payment of Fees (check one of	the methods):		
By Credit Card (preferred n	ethod) (Ma	astercardVisa _	Discover)
Card number:			
CVV:(th			cthe card)
Expiration date:			
Holder's Name:	Holde	er's Signature:	
Credit Card billing address:			
Street address:			
City:			
Zipcode/Postcode	Country	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 standarc	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.