

Registration Form

eTELEMED 2014

March 23 - 27, 2014 - Barcelona, Spain

(One registration allows one participant to assist to all DigitalWorld 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 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 digital proceedings (including archiving, publication, and indexing), and the participation to all the scientific events under DigitalWorld 2014.

	IARIA Fellows or Full Time Students	Academic	Industry	
Registration	565 €	615 €	815 €	_____ €
Additional late fee * - after January 22 / 2014, 100 € - after February 22 / 2014, 150 € * late payment acceptable for attendance only * authors must register at latest on January 22				_____ €
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

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

NOVOTEL BARCELONA SANT JOAN DESPI
C/ TV3 num 2 – Sant Joan Despi, 08970 Barcelona
+34 93.4755800 – H3289-RE@accor.com

A group registration form directly with hotel is available at:
<http://www.iaria.org/conferences2014/fileseTELEMED14/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-3289-novotel-barcelona-sant-joan-despi/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 method) (Mastercard Visa Discover)

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 christine@vicov.com for the wire transfer accounts information

In case of extraordinary situation, as deemed by IARIA, you allow the publisher to act on the authors' behalf with respect to camera ready upload step and the copyright release step.

Date and Author's Signature: _____

Note: While registration fees are quoted in Euro € as a standard currency, fees will be charged in U.S. Dollars \$ at the official rate on the date the payment is processed.

Important: Please, note that NO refund on any service mentioned above will be issued after January 22, 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.