

Registration form

AICT 2010

Registration includes unrestricted access to attend all Webtel 2010 presentations for the registrant

May 9-15, 2010 – Barcelona, Spain

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

Fax: 1-302-475-6432

E-mail: manuela@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 CD-proceedings for the conference where the paper is registered (including CSDL and IEEE Xplore Publication, and indexing), and the participation to all the scientific events under the WebTel 2010 umbrella.

	IEEE Member IARIA Fellows	Non-IEEE Member	
Academic Rate IEEE Membership #	565 €	615 €	_____ €
Industry rate IEEE Membership #.....	765 €	815 €	_____ €
Late payment * - after February 21/2010, 100 € - after March 6/2010, 150 € * late payment acceptable for attendance only, not for paper registration			_____ €
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)

Arrival date _____ Arrival time _____

Departure date _____ Departure time _____

Number of nights: _____

Note: a hotel day starts at noon

Novotel Barcelona Sant Joan Despi (All taxes are included in conference prices)

- Room single + breakfast	90 € x ___ nights = _____
- Room double + 2 breakfasts	105 € x ___ nights = _____
- Room single + breakfast + dinner	120 € x ___ nights = _____
- Room double + 2 breakfasts + 2 dinners	165 € x ___ nights = _____

Total C: _____ €

D. Social event

(See Preliminary Program)

Trip/Social Event (full day, with lunch) 100 € x ___ person(s) = _____ €
(See trip schedule on the Preliminary program)

If 'credit card': **TOTAL (A + C + D):** _____ €

If "wire transfer": **TOTAL (A + C + 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 February 21, 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.