

Registration form

AP2PS 2010

October 25-30, 2010, Florence, Italy

(One registration allows one participant to assist to all NexTech 2010 events)

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

Fax: 1-302-397-2096

E-mail: andrea@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 archiving, publication, and indexing), and the participation to all the scientific events under the NexTech 2010 umbrella.

	IEEE Member IARIA Fellows	Non-IEEE Member	
Academic Rate IEEE Membership #	565 €	615 €	_____ €
Industry rate IEEE Membership #.....	765 €	815 €	_____ €
Additional late fee * - after July 19 /2010, 100 € - after August 19/2010, 150 € * late payment acceptable for attendance only * authors must register before July 19			_____ €
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

Hotels

Conference Hotel:

Hotel Novotel Firenze Nord Aeroporto

<http://www.novotel.com/gb/hotel-1798-novotel-firenze-nord-aeroporto/index.shtml>

Via Tevere 23
Osmannoro
50019 FIRENZE SESTO FIORENTINO
ITALY
Tel (+39) 055/53821
Fax (+39) 055/308336

Other hotels: see “Touristic Information” on the conference site

D. Social Event - Tour [October 30, 2010]

Firenze/Pisa/Tuscany Region

150 € x ___ persons = _____

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 andrea@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 July 19th, 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.