Registration form

INTENSIVE 2010

Registration includes unrestricted access to attend all BioSciencesWorld 2010 and InfoSys 2010 presentations for the registrant

March 7-13, 2010 – Cancun, Mexico

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 N	ame:			
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 BioSciencesWorld 2010 and InfoSys 2010 umbrella.

	IEEE Member IARIA Fellows	Non-IEEE Member	
Academic Rate	565 €	615 €	€
IEEE Membership #			
Industry rate	765 €	815 €	€
IEEE Membership #			
Late payment *		1	
- after December 13/2009, 100 €			€
- after January 13/2010, 150 €			
* late payment acceptable for attendance only, not for paper registration			
Additional Proceedings: 100 €/CD			
			€
Extra pages: 105 € / page			
			€
Additional Gala Dinner: 95 €			
			€

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B. Tutorials

Note: see final program

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 Fiesta Americana Condesa Cancun (All taxes are included in conference prices) - Room single + breakfast 160 € x ___nights = ____ - Room double + 2 breakfasts 185 € x ___nights = ____ - Room single + breakfast + dinner 195 € x ___nights = ____ - Room double + 2 breakfasts + 2 dinners 235 € x ___nights = ____ Total C: € D. Social event (See Preliminary Program) Trip/Social Event (full day, with lunch) 120 € x __ person(s) = ____ € (See trip schedule on the Preliminary program) If 'credit card'': TOTAL (A + C + D): \bigcirc € TOTAL (A + C + D + $40 \in$): If "wire transfer": 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: ____

<u>Important:</u> Please note that NO refund on any service mentioned above will be issued after December 13, 2009 as all the services are ordered and paid when the registration is received.

Zipcode/Postcode _____ Country: ____

Date and Author's Signature: _____/___

__ By Wire Transfer (please add 40 € for processing the wire transfer)

Contact manuela@vicov.com for the wire transfer accounts information

In case of an emergency that prevents the original presenter from attending, the registration may be transferred to another presenter.