

Registration form

eTELEMED 2010

February 10-16, 2010 - Sint Maarten, Netherlands Antilles

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

Fax: 1-302-475-6432

E-mail: oana@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 DigitalWorld 2010 umbrella.

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

The reserved hotel rooms have been used up.

Total C: _____ €

D. Social event

(See Preliminary Program)

Visit of Sint Maartin Island (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 oana@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 November 24, 2009 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.