## **Registration Form**

## GLOBAL HEALTH 2014 August 24 - 28, 2014 - Rome, Italy

(One registration allows one participant to assist to all NexTech 2014)

Please fill in the form, sign it by hand, and send it via one of the following: Fax: 1-302-397-2096 E-mail: <u>annemarie@vicov.com</u>

Title (Student/Prof/Dr)	:First Name: _	La	ast Name:				
Paper number (e.g., #10254) (for authors only: only one paper per form)							
Institution:							
Street Address:							
City:	State:	Zip:	Country:				
Phone:	Fax:	Em	nail:				

## **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 NexTech 2014.

	IARIA Fellows or Full Time Students	Academic	Industry	
Registration	565€	615€	815€	€
Additional late fee *				
- after June 8 / 2014, 100 €				
- after July 8 / 2014, 150 €				€
* late payment acceptable for attendance only * authors must register at latest on June 8, 2014				
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

H10 ROMA CITTA Via Pietro Blaserna, 101 (Quartiere Marconi) Roma 00146 <u>http://www.hotelh10romacitta.com/en/index.html</u> Phone: (39) 06 556 52 15 Fax: (39) 06 559 32 63

A group reservation directly with the hotel is available via: <u>http://www.iaria.org/conferences2014/filesGLOBALHEALTH14/reservation.pdf</u>

The hotel booking can be made via the official page: <u>http://www.hotelh10romacitta.com/en/index.html</u>

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.

If 'credit card":	TOTAL (A):	£
If "wire transfer":	<u>TOTAL (A + 40€):</u>	€
Payment of Fees (check one of the meth	ods):	
By Credit Card (preferred method)	( Mastercard or	Visa)
Card number:		
CVV: (this is the 3	or 4 digit number on the bac	k of the card)
Expiration date:		
Holder's Name:	Holder's Signature:	
Credit Card billing address:		
Street address:		
City:	State:	
Zipcode/Postcode		
By Wire Transfer (please add 40 € for Contact annemarie@vicov.com for the	1 0	

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:

<u>Note:</u> While registration fees are quoted in Euro  $\in$  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 June 8, 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.