

Registration Form

ICONS 2014

February 23 - 27, 2014 - Nice, France

(One registration allows one participant to assist to all NexComm 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: annemarie@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 digital proceedings (including archiving, publication, and indexing), and the participation to all the scientific events under NexComm 2014.

	IARIA Fellows or Full Time Students	Academic	Industry	
Registration	565 €	615 €	815 €	_____ €
Additional late fee * - after December 10 / 2013, 100 € - after January 10 / 2014, 150 € * late payment acceptable for attendance only * authors must register at latest on December 10, 2013				_____ €
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

Hotel Novotel Cap 3000
Nice/St. Laurent du Var
40 avenue du Verdun
06700 Saint Laurent du Var, France

A group reservation directly with the hotel is available via:

<http://www.iaria.org/conferences2014/files/ICONS14/reservation.pdf>

The hotel booking can be made via the official page:

<http://www.novotel.com/gb/hotel-0414-novotel-nice-aeroport-cap-3000/index.shtml>

Feel free to arrange your stay in Nice 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": **TOTAL (A + 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 annemarie@vicov.com for the wire transfer accounts information

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: _____

Note: While registration fees are quoted in Euro € 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 December 10, 2013 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.