Registration form

CTRQ 2010

June 13-19, 2010, Athens/Glyfada, Greece

(One registration allows one participant to assist to all NexCom 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., #102	254) (for authors	only: only	one paper per form	n)	
Institution:					
Street Address:					
City:	State:	Zi	p:(Country:	
Phone:	Fax:		Email:		
A. Conference Registration fees included a dinner, the CD-proceeding Xplore Publication, and index umbrella.	ude: access to all the ngs for the conferencking), and the particip	e where the p	aper is registered (inc	Cluding CSDL and IE ander the NexComm 2	EEE
Academic Rate	5	665 €	615 €		
IEEE Membership # Industry rate IEEE Membership #	7	765 €	815 €		(
Additional late fee * - after March 28/2010, 100 € - after April 28/2010, 150 € * late payment acceptable for attendant for paper registration			<u>I</u>		(
Additional Proceedings: 100	0 €/CD				
Extra pages: 105 € / page (over 6 pages)					
Additional Gala Dinner: 95	€				

TOTAL A: _____€

B. Tutorials

Note: see final program

C. Hotel special price (LIMITED TO THE FIRST 60 REGISTERED)

Arrival date Departure date Number of nights:	Arrival time Departure time			
Best Western Hotel Fenix (All ta	exes are included in conference prices)			
- Room for 1 person with breakfast	110 € xnights =			
- Room for 2 persons with breakfast	120 € xnights =			
	Total C: €			
D. Social event [June 18, 20 (See Details in the Preliminary Program				
Day Cruise in Saronic Gulf (full day, lu	unch included) 150 ϵ x person(s) = ϵ			
If 'credit card":	$\underline{\text{TOTAL } (A + C + D):} \qquad \underline{\qquad} $			
If "wire transfer":	TOTAL $(A + C + D + 40\epsilon)$:			
Payment of Fees (check one of the	ne methods):			
By Credit Card (preferred method) (Mastercard orVis				
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:				
	State:			
	Country:			
<i>,</i>	0 € 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 March 28th, 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.