Registration form

ICDT 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., #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 NexComm 2010 umbrella.

	IEEE Member IARIA Fellows	Non-IEEE Member	
Academic Rate IEEE Membership # ………………	565 €	615 €	_____ €
Industry rate IEEE Membership #......................	765 €	815 €	_____ €
Additional late fee * - after March 28/2010, 100 € - after April 28/2010, 150 € * late payment acceptable for attendance only, not for paper registration			_____ €
Additional Proceedings: 100 €/CD			_____ €
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 special price (LIMITED TO THE FIRST 60 REGISTERED)

Arrival date _____   Arrival time _____
Departure date _____   Departure time _____
Number of nights: _____

Best Western Hotel Fenix (All taxes are included in conference prices)
[conference hotel]
- Room for 1 person with breakfast   **110 € x ___nights = _____**
- Room for 2 persons with breakfast   **120 € x ___nights = _____**

                                                      Total C: _____ €

D. Social event [June 18, 2010]
(See Details in the Preliminary Program)

Day Cruise in Saronic Gulf (full day, lunch included)   150 € x __ person(s) = _____ €

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 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.