Registration Form

ICAS 2014

April 20 - 24, 2014 - Chamonix, France

(One registration allows one participant to assist to all InfoSys 2014 and BioSciencesWorld 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 N	Vame:					
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 Registre The full registration fees include dinner, the digital proceedings (is scientific events under InfoSys 2	cation Fees : access to all the conferent	nces, the welcome cock	ktail, the coffee breaks, the gala					

	IARIA Fellows or Full Time Students	Academic	Industry	
Registration	565 €	615 €	815 €	€
Additional late fee *			l	
- after February 17 / 2014, 100 €				
- after March 17 / 2014, 150 €				€
* late payment acceptable for attendance only				
* authors must register at latest on February 17, 2014				
Extra pages: 105 € / page (over 6 pages)				
				€
Additional Gala Dinner: 95 €				
				€

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B. Tutorials

Note: see final program

Tutorials are free of charge for all the attendees

C. Hotel

MERCURE CHAMONIX LES BOSSONS 59 Route de Vers le Nant Les Bossons 74400 CHAMONIX MONT-BLANC FRANCE Tel. (+33)450532622

A group reservation directly with the hotel is available via: http://www.iaria.org/conferences2014/filesICAS14/reservation.pdf

The hotel booking can be made via the official page: http://www.mercure.com/gb/hotel-0411-mercure-chamonix-les-bossons/index.shtml

Feel free to arrange your stay in Chamonix 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'':	TOTA	<u>L (A):</u>		€
If "wire transfer":	TOTAL (A	<u>+ 40€):</u>		€
Payment of Fees (check one of the	ne methods):			
By Credit Card (preferred me	thod) (Master	card or _	Visa)	
Card number:				
CVV:(this	is the 3 or 4 digit number	on the ba	ick of the card	9
Expiration date:				
Holder's Name:	Holder's Sign	nature:		
Credit Card billing address: Street address: City:	State:			<u> </u>
Zipcode/Postcode				
By Wire Transfer (please add 4 Contact annemarie@vicov.com In case of extraordinary situation, authors' behalf with respect to can	for the wire transfer accordance as deemed by IARIA, you	ounts infor allow the	rmation e publisher to	
Date and Author's Signature:				_
Note: While registration fees are quoted		y, fees will	be charged in U.	.S. Dollars \$ at
the official rate on the date the payment is	s processed.			

<u>Important:</u> Please, note that NO refund on any service mentioned above will be issued after February 17, 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.