ICVS 2008 6th International Conference on Computer Vision Systems

May 12-15, 2008, Santorini, Greece

FAX TO: +30 2610 991 945

ADDITIONAL REGISTRATION FORM

Deadline: **May 5, 2008**

Title: ☐ **Prof** ☐ **Dr** ☐ **Mr** ☐ **Ms** **First Name:** **Last/Family Name:** **Middle Initial:**

Company/Institution: **Department:**

Address:

Province/State: **Country:** **Zip/Postal Code:**

Email: **Paper ref. Number(s):** a) ___ ___ ___ b) ___ ___ ___ c) ___ ___ ___ d) ___ ___ ___

Tel: + ( ) **Fax: +** ( )
Country code Area Code Number Country code Area Code Number

A. OPTIONAL ADDITIONAL ITEMS

Tickets / Items	Included in Registration Fees	Price (€)	Number of Tickets / Items	Cost (€)
Additional Proceedings (Springer)	**YES**	80		
Additional Paper Page Charge (Maximum 2 pages allowed)	**NO**	150		
Welcome Reception Ticket (Sunday, May 11th)	**YES**	30		
Banquet Ticket	**NO**	50		

TOTAL (A) : €

TOTAL TO BE PAID

A. Total for Additional Items (€)	GRAND TOTAL (A)
	€

CANCELLATION POLICIES *(Please tick and sign)*

☐ **I have read and accepted the cancellation terms mentioned on this form and on the ICVS 2008 web site.**
Signature:……
Date:……

Cancellation Policy
A full refund (less €100 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before April 7th, 2008. No refunds will be issued after that date.

METHOD OF PAYMENT (Tick ONE)

☐ **By Bank Transfer** (A €20 surcharge must be added on the fee. Amount must be net of bank charges)
A notification email with the bank details will be sent to the email address given in this form.

NB: **Make sure you add €20 at your payment. Do not forget to fax a copy of the bank transfer transaction to +30 2610 991945.**

☐ **By Credit Card.** Please circle one: MasterCard / VISA
*I authorize you to charge my credit card with the **Grand Total** amount of Euro* _____ *for my registration and optional additional items.*

Card Number: | | | | | | | | | | | | | | | | Expiration Date:_____

Cardholder's Name *(If the registrant is not the cardholder, please also fax a copy of both sides of the credit card)*: _____

ID validation number *(The last 3 digits of the number that can be found on the back side of your credit card)* : ___ ___ ___

Cardholder's Signature: Date:

ICVS 2008 Registration Desk
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