

ICVS 2008 6th International Conference on Computer Vision Systems

May 12-15, 2008, Santorini, Greece

FAX TO: +30 2610 991 945

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. REGISTRATION FEES

Registration Fees (€)	Early (by March 3 rd , 2008)	Late (after March 3 rd , 2008)	REGISTER
Regular	400	500	Registration: €
Workshops	150	250	Additional paper(s):
Student not presenting paper	200	300	<input type="checkbox"/> x €100 : €
Additional paper(s) (€100 per paper)	100	100	TOTAL (A) : €

Different types of registration include:

Full Conference: participation in main conference event, participation in any number of workshops, coffee breaks, proceedings published by Springer, informative literature (including handouts/maps), Welcome Reception ticket.

Workshops only: participation in any number of workshops, coffee breaks during the workshop day, informative literature (including handouts/maps), Welcome Reception ticket.

B. 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 11 th)	YES	30		
Banquet Ticket	NO	50		

TOTAL (B) : €

TOTAL TO BE PAID

A. Total for Registration (€)	B. Total for Additional Items (€)	GRAND TOTAL (A+B)
		€

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

c/o MeetingPlanner.gr
Ypapantis Str., K. Kastritsi
GR - 26504, Rio, Achaia, Greece

Tel: +30-2610-992025 Fax: +30-2610-991945
URL: www.meetingplanner.gr
email: icvs08@meetingplanner.gr