The 9th International Symposium on Autonomous Decentralized Systems (ISADS 2009) March 23-25, 2009, Athens, Greece

FAX TO: +30 2610 991 945

REGISTRATION FORM

Deadline: **March 16th , 2009**

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 January 25th, 2009)	Late-Onsite (after January 25th , 2009)
IEEE Member	500	600
Non- Member	650	830
IEEE Student Member	300	380
Student-non Member	375	455
Life/Retired Members	300	400
Additional paper(s) (200 per paper)	200	n/a

REGISTER	
Registration :	**€**
Additional paper(s): ☐ **X € 200 :**	**€**
TOTAL (A):	**€**

Author – presenters should register prior to January 25th, 2009.
All types of registration include:
Admission to all Symposium and Workshop sessions, Symposium Proceedings, Coffee breaks, Lunches, Symposium dinner.

B. OPTIONAL ADDITIONAL ITEMS

Tickets / Items	Included in Registration Fees	Price (€)	Number of Tickets / Items	Cost (€)
Extra page charge (each page after 6th)		50		
Symposium proceedings	YES	50		
Symposium dinner ticket (Tuesday, March 24th)	YES	50		
Lunch Ticket (daily)	YES	30		

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 ISADS 2009 web site.**
Signature:.....

Cancellation Policy
A full refund (less €100 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before February 23rd , 2009. 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 to 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:

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