

PLEASE FILL IN THIS FORM USING <u>Adobe Reader®</u> TO REGISTER AND REQUEST AN INVOICE OR TO PAY BY CREDIT CARD.

PLEASE SEND THE FORM USING THE "Send" BUTTON NOT LATER THAN JUNE 21, 2017 (for early registration)

| | | T | | | | |
|---|---|--------------------|---|--|--|--|
| Family Name: | | Given Name: | | | | |
| Institution/Company: | | | | | | |
| Mailing Address: | | | | | | |
| City: | State: | | Zip Code: | | | |
| Country: | Phone: | | Fax: | | | |
| E-mail Address: | | | | | | |
| | | | | | | |
| DECLARATION OF ATTENDAL | NCE (RELEVANT ONLY FOR ELMAR | R-2017 AUTHORS) | | | | |
| Paper Title: | | | | | | |
| | | | | | | |
| Author(s): | | | | | | |
| | | | | | | |
| Please note that the ELMAR-2017 International Program Committee has accepted your paper under the assumption that you, one of your co-authors or a presenter (non-author) will present the paper at the ELMAR-2017 symposium. The committee wants to avoid gaps in the sessions due to absent authors. Therefore we ask you to sign this form and send it back (not later than June 21, 2017 for the early registration price). If you register later than June 26, 2017 your paper is not guaranteed to be included in the ELMAR-2017 Proceedings. | | | | | | |
| IEEE reserves the right to ex the paper is not presented at | | fter the symposium | (e.g. removal from IEEE Xplore database) if | | | |
| | ot send proceedings hard copies, uded from all future ELMAR paper | - | ings or paper separates to no-show authors. | | | |
| · · · · · · · · · · · · · · · · · · · | nd to the ELMAR-2017 symposium replaced by one of my co-authors | | | | | |
| Date: | Author Name: | | ☐ I have understood terms and conditions | | | |
| PRESENTER'S BIOGRAPHY (RELEVANT ONLY FOR ELMAR-2017 AUTHORS) | | | | | | |
| Family Name: | | Gi | Given Name: | | | |
| Job Title: | | • | | | | |
| Institution / Company and Co | ountry: | | | | | |
| Research Interests: | | | | | | |
| | | | | | | |
| | | | | | | |

| PAYMENT OPTIONS |
|--|
| <u>IMPORTANT</u> Each participant must register for the symposium. The registration is due by June 26, 2017. If no registration is received, the paper is not guaranteed to be published in the ELMAR-2017 Proceedings (relevant only for ELMAR-2017 authors). Registration fee includes participation on all symposium sessions, all social events and one printed symposium proceedings. |
| <u>PAYMENT</u> Once the symposium organizers receive this registration form, they will make the Invoice with payment instructions for participants which choose to pay by a bank transfer (additional transfer costs from a bank are not included). These |

participants should skip part of the form which considers credit card information. Please fill in the name and address of the institution / company / person to whom the invoice should be sent:

| Institution | / Cor | mpany , | / Name: | |
|-------------|-------|---------|---------|--|
| | | | | |

| I | End | II A | ١Ч | Ч | r۵ | cc | • |
|---|-----|-------------|----|---|----|----|---|
| ı | -u | II <i>F</i> | ١u | u | ıe | 22 | |

| IEEE Member? | O Yes | O No | If YES please type your IEEE membership number: |
|---------------|-------|------|--|
| ELMAR Member? | O Yes | O No | If YES please type your ELMAR membership number: |

| REGISTRATION FEE IN EUR (incl. VAT 25%) | IEEE / ELMAR MEMBER | NON-MEMBER | TOTAL |
|---|---------------------|------------------------|-------|
| Early Registration Fee (by June 21, 2017) | 400 EUR (incl. VAT) | 437.50 EUR (incl. VAT) | |
| Late Registration Fee (June 21 - June 26, 2017) | 450 EUR (incl. VAT) | 500 EUR (incl. VAT) | |

| VAT Nr. (if existing | g for Institutions a | and Companies for | VAT | deduction |): |
|----------------------|----------------------|-------------------|-----|-----------|----|
|----------------------|----------------------|-------------------|-----|-----------|----|

CREDIT CARD INFORMATION

<u>IMPORTANT</u> If this field is left blank, organizers will send the Invoice to your e-mail address automatically. Otherwise your credit card will be charged.

| Accepted credit and debit cards are An | nex, Diners, Visa, M | asterCard and M | laestro. | | |
|--|----------------------|------------------------------|----------|------------|---------|
| Credit card type (please select): | AMERICAN DORRESS | Diners Club International | o VISA | MasterCard | Maestro |
| Card number: | | | | | |
| Expiration date (mm/yyyy): | | | | | |
| Name: | | | | | |
| Country: | | | | | |
| State: | | | | | |
| Address: | | | | | |
| City/Town: | | | | | |
| ZIP: | | | | | |
| Dhono numbor: | | | | | |

SENDING THE FILLED FORM

The filled form should be saved to an arbitrary location on your Computer by clicking the "Save As" button below, under the name "Family Name.pdf", where "Family Name" is your Family Name from the first field of this form. After that by clicking the "Send" button this form is being sent using your desired e-mail client to organizers and agency which handles registration fees.