

ACM/IEEE Int. Conf. on Distributed Smart Cameras (ICDSC 2009)

Società del Casino (Como – Italy), August 30th – September 2nd, 2009

REGISTRATION FORM

Please fill out all sections of this form using block letters and return to:

Centro di Cultura Scientifica "A. Volta" - Villa Olmo – via Cantoni, 1, 22100 Como - Italy

Fax +39-031-573395 - E-mail: mariagiovanna.falasconi@centrovolta.it

Family Name		First Name	
Affiliation			
Address			
ZIP, Town, Country			
Telephone		Fax	
E-mail			

Special Dietary Requirements: _____

Registration fees		Advance rate by July 20	Late registration and on-Site rate after July 20
Each registration includes - all technical sessions - electronic proceedings - welcome reception - social dinner - coffee breaks - luncheons	<input type="checkbox"/> IEEE/ACM Member	EUR 490	EUR 700
	<input type="checkbox"/> Non-Member	EUR 650	EUR 900
	<input type="checkbox"/> Student IEEE/ACM Member	EUR 375	EUR 475
	<input type="checkbox"/> Student Non-Member	EUR 400	EUR 500
All tutorials and PhD forum	<input type="checkbox"/> Sunday, August 30	EUR 150	EUR 200
Total			

IEEE member number: _____ ACM member number: _____

Note: author registration deadline: **July 6**. Paper ID _____

Each attendee must register separately. Cancellation policy. All cancellations or alterations should be put in writing to ICDSC 2009. If the cancellation is received in writing: (i) by 30 July 2009: Euro 50 cancellation fee will apply; (ii) no refund after 30 July 2009.

I will use the free shuttle to Genova for AVSS 2009 on 2nd September

PAYMENT DETAILS:

I enclose a copy of the **bank transfer** made out to *Centro Volta*, "ICDSC 09", drawn on Banca Intesa San Paolo SpA, via Rubini 6, 22100 Como, **c/c 000021407162 - ABI 3069 - CAB 10910 - CIN R - IBAN: IT 95 R030 6910 9100 0002 1407 162**

I wish to pay by **credit card**:

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Card number _____ Expiry Date _____

Name of cardholder _____ Signature _____

Important: I would like to have: receipt to be picked up during the congress invoice

Invoice to be addressed to _____

VAT identification number _____

Please note that without the VAT identification number we cannot issue the invoice.

I hereby authorise Centro di Cultura Scientifica "A. Volta" to include my details on its mailing list for the distribution of information material. In accordance with art. 13 of Law 675/96, I may have access to these details at any time and request their modification and cancellation.

Date _____ Signature _____