

ICDCS-2006 Registration Form

2006 International Conference on Distributed Computing Systems

REGISTRANT INFORMATION (please, print or type in English):

Name	Given name _____		Family name _____															
Title	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms														
Affiliation	IEEE Member No. _____																	
Mailing Address	_____																	
Email	_____																	
Registration Fee	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;"></th> <th style="width: 20%;">Amount Due</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><input type="checkbox"/> Regular Registration</td> <td>460 EURO (IEEE member)</td> <td rowspan="2">€ _____</td> </tr> <tr> <td>580 EURO (Non-member)</td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> Student Registration</td> <td>330 EURO (IEEE member)</td> <td rowspan="2">€ _____</td> </tr> <tr> <td>420 EURO (Non-member)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total:</td> <td>€ _____</td> </tr> </tbody> </table>						Amount Due	<input type="checkbox"/> Regular Registration	460 EURO (IEEE member)	€ _____	580 EURO (Non-member)	<input type="checkbox"/> Student Registration	330 EURO (IEEE member)	€ _____	420 EURO (Non-member)	Total:		€ _____
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	580 EURO (Non-member)																	
<input type="checkbox"/> Student Registration	330 EURO (IEEE member)	€ _____																
	420 EURO (Non-member)																	
Total:		€ _____																
Payment Method	<p><input type="checkbox"/> By credit card. I authorize the amount of _____ EURO to be charged on my credit card:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>Credit Card No: _____ Expiration Date: _____</p> <p>CVV (3 rightmost digits of the number on the back of the card): _____</p> <p>Name of the Cardholder: _____</p> <p>Signature: _____ Date: _____</p> <p>If paying by credit card, please fill out the credit card information, and then FAX this form to the fax number given below.</p>																	
Sending	<p>Please complete and send this form to:</p> <p>To: Fundação da Faculdade de Ciências da Universidade de Lisboa</p> <p>Fax: +351 21 750 01 66</p> <p>Att: Ms. Sandra Sabino</p> <p>Subject: ICDCS 2006 Registration - CC4608</p>																	
Other Contacts:	Tel: +351 21 750 00 32 email: sandra.sabino@sa.fc.ul.pt																	