

1st IAPR Workshop on Cognitive Information Processing June 9-10, 2008, Santorini, Greece

Title:	FAX TO:	: +3	0 261	0 991	945	ADI	DITION	AL REGI	STRATIO	NF	ORM		Deadline: June 2, 2008		
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Additional Proceedings CD-ROM YES 25 Welcome Reception Ticket (Monday, June 9°) YES 30 Banquet Ticket (Tuesday, June 10°) YES 25 Lunch Ticket (daily) YES 25 Member and Non-Member registration fees include: admission to sessions, proceedings, coffee breaks, lunches, welcome reception and workshop dinner, the Student fee includes all of the above except the workshop dinner. TOTAL TO BE PAID A. Total for Additional Items (♠ GRAND TOTAL (A) ♠	A. OPTIO	A. OPTIONAL ADDITIONAL ITEMS													
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Banquet Ticket (Tuesday, June 10*) Lunch Ticket ((daily) YES 25 Member and Non-Member registration fees include: admission to sessions, proceedings, coffee breaks, lunches, welcome reception and workshop dinner; the Student fee includes all of the above except the workshop dinner. TOTAL TO BE PAID A. Total for Additional Items (♠) GRAND TOTAL (A) GRAND TOTAL (A) GRAND TOTAL (A) Cancellation Policy A full refund (less €100 administration fee) will be issued if written notification is received by Meeting*Planner, gr on or before May 12**, 2008. No refunds will be issued after that date. NB: Make sure you add €20 at your payment. Do not forget to fax a copy of the bank transfer transaction and principles of the registration and optional additional items. Card Number: D YES 70 TOTAL (A): €															
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CANCELLATION POLICIES (Please tick and sign) ☐ I have read and accepted the cancellation terms mentioned on this form and on the CIP 2008 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 May 12 th , 2008. No refunds will be issued after that date. ☐ 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. ☐ By Credit Card. Please circle one: MasterCard / VISA ☐ authorize you to charge my credit card with the Grand Total amount of Euro for my registration and optional additional items. ☐ 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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