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

FAX TO: +30 2610 991 945

ADDITIONAL REGISTRATION FORM

Deadline: **June 2, 2008**

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. OPTIONAL ADDITIONAL ITEMS

Tickets / Items	Included in Registration Fees	Price (€)	Number of Tickets / Items	Cost (€)
Additional Proceedings CD-ROM	**YES**	25		
Welcome Reception Ticket (Monday, June 9th)	**YES**	30		
Banquet Ticket (Tuesday, June 10th)	**YES**	70		
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 (A) : €

TOTAL TO BE PAID

A. Total for Additional Items (€)	GRAND TOTAL (A)
	€

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:……
Date:……

Cancellation Policy
A full refund (less €100 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before **May 12th, 2008**. 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 at 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:

CIP 2008 **Registration Desk**
c/o MeetingPlanner.gr
Ypapantis Str., K. Kastritsi
GR – 26504, Rio, Achaia, Greece
Tel: +30-2610-992025 Fax: +30-2610-991945
URL: www.meetingplanner.gr
email: cip08@meetingplanner.gr.