



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

FAX TO: +30 2610 991 945

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. REGISTRATION FEES

Registration Fees (€)	Early (by April 30 th , 2008)	Late – On-site (after May 1 st , 2008)	REGISTER	
Member <small>For IAPR, IEEE or EURASIP members</small>	550	650	TOTAL (A) : €	
Non-Member	700	800		
Student	250	350		
Member and Non-Member registrations fees include: Admission to all Conference sessions, CD-ROM proceedings, coffee breaks, lunches, Welcome Reception, Workshop dinner. The Student fee includes all of the above except the workshop dinner. At least one author for each paper must register by April 7th, 2008, to ensure that the paper will appear in the proceedings.				

B. 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 9 th)	YES	30		
Banquet Ticket (Tuesday, June 10 th)	NO	70		
Lunch Ticket (daily)	YES	25		
TOTAL (B) : €				

TOTAL TO BE PAID

A. Total for Registration (€)	B. Total for Additional Items (€)	GRAND TOTAL (A+B)
		€

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 to 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: _____