



**1<sup>st</sup> 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: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Country code Area Code Number

Fax: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Country code Area Code Number

**A. REGISTRATION FEES**

Registration Fees (€)	Early (by April 30 <sup>th</sup> , 2008)	Late – On-site (after May 1 <sup>st</sup> , 2008)	REGISTER
Member <small>For IAPR, IEEE or EURASIP members</small>	550	650	<b>TOTAL (A) : €</b>
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 <b>author</b> for each paper must register <b>by April 7<sup>th</sup>, 2008</b> , 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 <sup>th</sup> )	YES	30		
Banquet Ticket (Tuesday, June 10 <sup>th</sup> )	NO	70		
Lunch Ticket (daily)	YES	25		
			<b>TOTAL (B) : €</b>	

**TOTAL TO BE PAID**

<b>A. Total for Registration (€)</b>	<b>B. Total for Additional Items (€)</b>	<b>GRAND TOTAL (A+B)</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 12<sup>th</sup>, 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: \_\_\_\_\_

**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](mailto:cip08@meetingplanner.gr)