**CDVE 2015 Registration Part 3**

Note: if you already made the registration payment by credit card or bank transfer, you are ready to fill up this form. Otherwise, please go back to make your payment in Step 2.

\* Required

Top of Form

Paper Number \*

If you have an accepted paper and you are the one that pays for the publication, please put your Easychair paper number here. Otherwise put "co-authore of paper ..." or "no paper"



This is a required question

Name \*

The registration is paid for whom (the name of the person in registration part 1)



This is a required question

Payment Date \*



This is a required question

Paid Amount \*



This is a required question

Payer's Name

If the payer's name is not the same as the person registered, please put the sender's name here.

This is a required question

Organization \*

Please put the organization's name as in the part 1.

This is a required question

Payment Method \*

* + Credit card
  + Bank Transfer

This is a required question

Bank Name

If by bank transfer, your bank name

This is a required question

Is everything correct? \*

Please check all fields completed. If everything is correct, please write yes in the box below.

Bottom of Form