CDVE2015 Registration Part 1

\* Required

Top of Form

Personal Information

**Paper Number**\*

Please put your easychair paper submission number here. If you do not have a paper, put "No paper"



**Paper Title**



**Title**\*

* +  Professor
  +  Dr.
  +  Mr.
  +  Ms.

**Name**\*

Please put in the order of given name family name

**Sex**\*

* +  Male
  +  Female

**Email**\*



**Phone Number**\*

You can fill in one or two numbers that we can reach you. Seperate them by "," if there are two numbers



**Organization**\*

Please keep it short. For example, only the university name, not the school nor department name.



**Organization Line 2**

Here you can put the school or department name



**Address**\*

**Country**\*



**Belong to conference organization?**

Are you a member of the conference organization institutions?

* +  Yes
  +  No

**Which one?**

If you are from one of the conference organizations, please fill up the following

* +  UIB
  +  IVSociety

**Paper Type**\*

* +  Extended 10 pages
  +  Full 8 pages
  +  Short 4 pages
  +  Poster paper
  +  No, I don't have a paper, I am a participant only

**Paper Presenter**

Who will present your paper in the conference?

* +  Myself
  +  Other: 

**Authors**

Please put the names of all the authors of the paper or oral presentation, separated by commas

Registration Fees

**Author Rate**

One per paper - at least one author per paper should pay the advanced registration by June 20, 2015. We cannot include and publish your paper in the conference proceedings without this registration. After this date, normal rate is applied.

|  | Early Rate By June 20, 480€ | After June 20, 580€ |
| --- | --- | --- |
| Authors of accepted paper |  |  |

**Committee Rate**

Non-author committee members, non-author member of organization institutions, there is no time limited

|  | 480€ |
| --- | --- |
| Committee members, member of orgnizations |  |

**Other authors and all other participants rate**

All other accepted paper authors and all participants

|  | By July 31, 480€ | After July 31, 580€ |
| --- | --- | --- |
| Author all others rate |  |  |

**A. Registration Payment Total €**\*



Extra Purchase

The registration fee includes admission of one person to the conference, with one copy of the proceedings, coffee breaks, lunches on Monday, Tuesday & Wednesday, Monday evening reception, and Tuesday evening CDVE dinner party. Extended papers are limited to 10 pages, full papers are limited to 8 pages and short papers to 4 pages in the LNCS final format. If your paper is longer than the limit, you can purchase extra pages here. (80 € per page)

**Extra Page**

Num. of Extra Page x 80€ per page



**Extra Proceedings**

(Extra num of CDVE2015 proceedings) x 50€ per copy



**Extra Reception Ticket**

Num of Extra Ticket x 30€, per non-participant guest for Monday reception



**Payment for extra dinner party ticket**

For non-participant guest 50€ /person Tuesday evening dinner party



**Surface mail**

10 € per copy. Optional Surface mail cost In case that you don't want to take the printed proceedings with you, you can choose to send it to you by regular surface post mail.



**Surface Mail Address**

Surface mail information If you want your proceedings to be sent by surface mail to another address other than your own, please give the name and address information. You will receive the proceedings approximately one month after the conference.

**B. Extra Payment Total €**\*



Information for organization purpose

**Hotel**\*

Do you stay in the conference hotel? Since there are no nearby hotels, we recommend you to stay in the conference hotel. We also require those staying in the conference hotel reserve hotel via the conference. Please fill up your reservation form in this page to get the conference compensation during the conference.

* +  Yes
  +  No

**If yes, your arrival and departure dates**



**I will attend the following**\*

* +  Lunch on Monday (Sept. 21, 2015)
  +  CDVE reception party (Sept. 21, 2015)
  +  Lunch on Tuesday (Sept.  22, 2015)
  +  CDVE dinner party (Sept.  22, 2015)
  +  Lunch on Wednesday (Sept.  23, 2015)

**C. Total Payment**\*

C = A + B



**D. Bank Cost**\*

If you pay by credit card, bank cost = 3% \* C for the conference bank cost in €. If you choose transfer, make sure that you pay the bank cost for the receiver. See payment form on Part II.



**E. Total including bank cost in €**\*

E = C + D



**Invoice information**\*

Please give detailed information for it.

**Travel Visa**

Do you need a visa to enter Spain? If yes, please send an email to the conference email address to inform us the information for the visa. The invitation letter sent only after the registration fee is received. Therefore, it is important that you make the registration earlier than the deadline.

* +  Yes
  +  No

**Important! Are you sure all the data you have input are correct?**\*

Very Important!! Please check your form again before submitting. Once you press the submit button, the registration will be submitted and you will not be able to make changes. You have to start all over again!!

* +  Yes

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