3DTV-CON

THE TRUE VISION CAPTURE, TRANSMISSION AND DISPLAY OF 3D VIDEO
7-9 May, 2007, KICC , KOS ISLAND, GREECE

FAX TO: +30 2610 991 945

REGISTRATION FORM

Deadline: **April 27, 2007**

Title: ☐ **Prof** ☐ **Dr** ☐ **Mr** ☐ **Ms** **First Name:** **Last/Family Name:** **Middle Initial:**

Company/Institution: **IEEE/MPEGIF Membership N°:**

Address:

Province/State: **Country:** **Zip/Postal Code:**

Email: **Paper ref. Number(s):**a) __ __ __ __b) __ __ __ __c) __ __ __ __

Tel: + ( ) **Fax:** + ( )
Country code Area Code Number Country code Area Code Number

A. REGISTRATION FEES

Each presenting author must register at a Regular Rate. This rate includes: Conference Sessions, Proceedings of full papers on CD ROM, Welcome Reception, Breaks, Lunches, Banquet.

Registration Fees (€)	Early (before March 2nd, 2007)	Late (after March 2nd, 2007)	REGISTER
Regular Rate *includes students presenting paper(s)*	500	550	**TOTAL (A) : €**
IEEE/MPEGIF members	400	450	
Student (not presenting paper)	350	400	

B. OPTIONAL ADDITIONAL ITEMS *(Please fill in the number of additional social event tickets and/or CD ROMs)*

Tickets / Items	Included in the Registration Fees ?	Price (€)	Number of Tickets / Items	Cost (€)
CD ROM with Full Proceedings	**YES**	50 (on-site)		
Welcome Reception (May 7th)	**YES**	35		
Lunch Ticket (daily)	**YES**	25		
Banquet (May 8th)	**YES**	45		
			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 3DTV-CON web site.**
Signature:……
Date:……

Cancellation Policy
A full refund (less €50 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before April 2nd, 2007. No refunds will be issued after that date.

METHOD OF PAYMENT (Tick ONE)

☐ **By Bank Transfer** (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:* For Bank Transfers, 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:

3DTV-CON **Registration Desk**
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