CIVR 2009
ACM International Conference on Image and Video Retrieval,
July 8-10, 2009, Santorini, Greece
Informatics and Telematics Institute / Centre for Research and Technology Hellas

Registration Form

Please fill in this form in capitals and fax to +30 2310 474128 or scan & email to marpap@iti.gr

Title:………………… Last Name:………………………………………………………………………….

First Name: …………………………………………………………………………………………………

Position:……………………………………………………………………………………………………….

Affiliation:…………………………………………………………………………………………………….

Address:……………………………………………………………………………………………………….

City: ……………………………………… Country:……………………………………………………….

Postal Code ……………………………… Phone:……………………………………………………….

Fax: ……………………………………… Email:…………………………………………………………

Paper numbers (for authors of accepted papers):…………………………………………………………

Payment	Early [2, 6] registration	Late [3] registration	Amount due (EUROS)
Registration Member [1, 4]	**460,00 €**	**560,00 €**	
Registration Regular [4]	**520,00 €**	**630,00 €**	
Registration Student [4, 5]	**360,00 €**	**450,00 €**	

[1] For members of ACM/IEEE; please enter organization & member number: …………………………
[2] Payment by credit card or bank transfer (payment to be received by May 15, 2009)
[3] Payment by credit card or bank transfer (payment to be received by June 26, 2009). Payment on site ("Late registration" rates apply) will be possible in cash only.
[4] The registration fee covers the participation to the conference, an electronic copy of the proceedings, the coffee breaks, the conference welcome reception and the conference social dinner.
[5] Proof of student status will be required to be shown on site.
[6] At least one author of each accepted paper must register at a non-student rate by April 30, 2009.

☐ **Payment by bank transfer**. Use the account indicated below; fax a copy of the transfer receipt along with this form. (*Bank transfer expenses burden the attendee*)

IBAN: GR860 26033 60000 78020 0458429   SWIFT: EFGBGRAAXXX

ACCOUNT HOLDER: EKETA   REF.CODE: Registration CIVR2009 - your name

☐ **Payment by credit card**. I hereby authorize you to charge my credit card with the amount indicated below:

☐ Master Card   ☐ Visa Card   Amount:…………EUROS

Credit card No.: …………………………………………………. Expiry Date:……………………….

CVC Number: … … … … … Cardholder's Name:………………………………………………………

Cardholder's Address: ……………………………………. Cardholder's Signature:……………………

Date: …………………………………Signature: …… …………………………………………………………