IEEE IOLTS '07

Creta Maris Resort 5*,

Hersonissos-Heraklion, Crete, Greece

July 8-11, 2007

Return this Form by Fax to:
+30 210 2515010
TRAVEL DIRECTIONS.GR
Elsa Xanthopoulou

Registration Form

Advanced Registration Deadline is June 11th, 2007

PERSONAL INFORMATION

Last Name:		**First Name:**	
Affiliation:			
Address:		**City:**	
Postal Code:		**Country:**	
Phone:		**Fax:**	
E-mail:		**Special Meal:**	

FEES

IOLTS´07 Fees	***Regular 3-day Symposium***		***One-day Tutorial***		***SUB-TOTAL***
Registration Fees	***ADVANCE*** **Until 11 June**	***LATE/ON-SITE*** **After 11 June**	***ADVANCE*** **Until 11 June**	***LATE/ON-SITE*** **After 11 June**	
IEEE/CS Member	❑ 430 €	❑ 550 €	❑ 220 €	❑ 280 €	
Non Member	❑ 570 €	❑ 700 €	❑ 280 €	❑ 350 €	
Student Member[1]	❑ 330 €	❑ 400 €	❑ 220 €	❑ 280 €	
Student Non-Member[1]	❑ 415 €	❑ 500 €	❑ 280 €	❑ 350 €	
Additional tickets for welcome reception	30 € each X …… ticket (s)				
Additional tickets for social event	20 € each X …… ticket (s)				
Additional tickets for gala dinner	50 € each X …… ticket (s)				
Additional tickets for 3 lunches[2]	120 € each X …… ticket (s)				
Additional Proceedings	70 € each X …… copy (s)				
Additional pages of the camera ready paper	85 € each X …… page (s)				
IEEE Membership Number				***TOTAL***	**€**

Symposium registration fee includes welcome reception, social event, gala dinner and the symposium proceedings published by IEEE CS Press.

[1] Student registration fee does not include welcome reception, social event and gala dinner. Additional tickets may be purchased.

[2] It is obligatory for nonresidents at Creta Maris Resort

PAYMENT (EUROS ONLY)

☐ **By credit card:** only accepted: ☐ VISA ☐ MasterCard

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Card number

|__|__|__| Card Verification Code

|__|__| |__|__| Expiration date (MM/YY)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Card holder´s name

I authorize TRAVEL DIRECTIONS.GR to debit my credit card for the total amount of : _____ €

Date:_____ Signature: _____

☐ **By bank transfer:**

Bank Name: ALPHA BANK
Account Number: 159 002002 007551
IBAN Number: GR 5501401590159002002007551

BIC: CRBAGRAA
Account Holder: TRAVEL DIRECTIONS.GR

CANCELLATION AND REIMBURSEMENT POLICY

Any cancellation made in writing to IOLTS'07 Organization and received before June 11, 2007 will entitle to the reimbursement of the amount paid after deduction of 50 € for administrative fee. No reimbursement will be granted after this date. Substitutions are free.