

ICDE 2009 REGISTRATION FORM

Registrant(s) Information (Please print clearly) .

*ARE REQUIRED FIELDS & MUST BE COMPLETED

*Family/Surname *Personal Name Nickname (Badge Name)

*Company, University or Other Affiliation

*Mailing Address *P.O. Box / Mail Stop

*City *State/Province *Postal Code *Country

*Phone Number Fax Number *Email Address

IEEE Membership Number

Do you have any special needs? (circle all applicable): Wheelchair Access Audio Visual Vegetarian Other: _____

Author Category: *(Check all that apply):*

*Authors are required to register prior to 15 FEB. 2009
to make your paper be included in ICDE2009 proceeding

Your paper been accepted for :

- Research
 - Full Paper
 - Short Paper
 - Poster
- Industry
 - Full Paper
 - Short Paper
 - Poster
- Demo
- Workshop *(provide workshop name under paper title)*
- No Paper

Title: _____

Authors: _____

Paper Number: _____

ATTENDEE REGISTRATIONS (please see below for details) **(Advance) On / Before 28 February (Late) After 28 February /Onsite**

Members Conference Only	\$600	\$720	\$ _____
Members affiliated Workshops only	\$350	\$420	\$ _____
Members Conference and Workshops	\$700	\$840	\$ _____
Non-Members Conference only	\$750	\$900	\$ _____
Non-Members affiliated Workshops only	\$440	\$528	\$ _____
Non-Members Conference and Workshops	\$875	\$1050	\$ _____
Student Members Conference only	\$ 275	\$ 330	\$ _____
Student Members Conference and Workshops	\$ 375	\$ 450	\$ _____
Student Non-Members Conference only	\$ 350	\$ 420	\$ _____
Student Non-Members Conference and Workshops	\$ 475	\$ 570	\$ _____

MEMBER and NON-MEMBER Conference and Workshops Registration Include:

Admission to all technical sessions and workshops, one reception, one banquet, three lunch (Monday, Tuesday and Wednesday) and two CD-ROMs containing conference and workshop papers.

STUDENT and STUDENT NON-MEMBER Conference and Workshops Registration include:

Admission to all technical sessions and workshops, one reception, one banquet, three lunch (Monday, Tuesday and Wednesday) and two CD-ROMs containing conference and workshop papers.

MEMBER and NON-MEMBER Conference Only Registration Include:

Admission to all technical sessions, one reception, one banquet, three lunch (Monday, Tuesday and Wednesday) and CD-ROM containing conference papers.

STUDENT and STUDENT NON-MEMBER Conference Only Registration Include:

Admission to all technical sessions, one reception, one banquet, three lunch (Monday, Tuesday and Wednesday), and CD-ROM containing conference papers.

MEMBER and NON-MEMBER Workshops Only Registration Include:

Admission to all workshops and one CD-ROM containing workshop papers.

Additional Papers Registration Include:

Admission to CD-ROM containing conference papers.

ADDITIONAL ITEMS (if not included in registration or you would like additional tickets)

- Qty _____ Reception Ticket \$35
- Qty _____ Banquet Ticket \$95

Registration Total	Additional Items Total	Total Remittance
\$ _____	\$ _____	\$ _____

Payment Method

For Chinese participants only

汇款后请上传汇款底单并注明姓名以便确认:

户名: 国旅集团新上海国际旅行社有限公司;

帐号: 044117-8700-00702818093001

银行: 中国银行上海市闸北支行

Bank Draft/Money Order

Mail with this form to the address as follows:

Mr.Jian Wang (ICDE2009 Registration)

16/F., No.1 Building, Chang An Mansion, 1001 Chang An Road, Shanghai 200070, P.R.CHINA

Bank Transfer

Please deposit fees to the following bank card(US\$ only):

Account Number: 9558 8810 0100 0901 884

Beneficiary's name: JIANG HAI YING

Bank: Industrial and Commercial Bank of China,,Shanghai Municipal Branch

Address: No.1718 Tianshan road,Shanghai,China.

Swift code: ICBKCNBJSHI

For: (ICDE2009 Registration fee for your_name)

Credit Card

Your signature indicates your agreement to pay the fees with the credit card number provided (4% service charge of the bank is required, and the rate for the conference is USD1=RMB 7)

Visa MasterCard American Express

Card Number _____ Expiration Date _____

Cvv2 _____ Name on Card _____

Authorized Signature _____

Please E-Mail Completed Registration Form & Scanned Payment Evidence (Copy of your Credit Card <both sides> and Sign your name on it, or Copy of Bank transfer memo), To: Mr.Jian Wang (ICDE2009 Registration) and Dr. Dehua Chen

E-mail:ICDE2009@nscits.com ; chendehua@dhu.edu.cn

Fax: +86-21-63175325

Tel: +86-21-63174173

MP:+86-13601959797

ADDR.:16/F., No.1 Building, Chang An Mansion, 1001 Chang An Road, Shanghai 200070, P.R.CHINA