Registration fee Form (International participants)

PERSONAL and CONTACT DETAILS

HIS 2012 Registration Form for Participants

Registrant's information:

| Title | * Required information | |
|---------------------|------------------------|--|
| First Name * | Last Name * | |
| Institution * | | |
| Address Line 1 * | | |
| Address Line 2 | | |
| Address Line 3 | | |
| City * | State | |
| Zip/Postal Code * | Country * | |
| Name on the badge * | | |
| Phone * | Fax | |
| Email * | Paper Id | |
| Paper Title | | |

Other information:

| I am a vegeta | arian I have special dietary | |
|-----------------|------------------------------|--|
| requirements: _ | | |

Registration Types:

<u>Early Registration:</u> To qualify for the following rates, your registration must be received by the indicated deadlines

| Type | Fee | Deadline | Comment | Choose Item |
|---------|-------|---|---|-------------|
| Author | \$600 | 02/01/12 1 st , Feb, 2012 | Author registration must be received no later than 1 st , Feb., 2012 in order to ensure full paper/short paper/workshop paper inclusion in the proceedings. | \$ |
| Student | \$550 | 02/01/12 1 st , Feb, 2012 | Valid full-time student ID is required. | \$ |

<u>Late Registration:</u> The **Late** registration starts on 1st, Feb., 2012with the following fee schedule:

| Type | Fee | Comment | Choose Item |
|---------|--------|---|-------------|
| Regular | \$750 | | \$ |
| Student | IX /OO | Valid full-time student ID is required at Check-In. | \$ |

Additional Items:

| Item | Fee | Comment | Choose Items |
|---------------------------|------|------------|-------------------|
| Additional Banquet Ticket | \$75 | Per Ticket | ticket ×\$75 = \$ |
| Additional Proceedings | \$75 | Per Volume | volume ×\$75 = \$ |

Payment Methods:

All registrations must be accompanied by valid credit card information. HIS will NOT be responsible for any bank charges.

|) Credit Card (for | | national Participants): nMaster Card |
|------------------------|----------|---------------------------------------|
| Card Number: | | |
| Expiration Date: | | (month/year) |
| Total Amount: | USD\$ | |
| Cardholder's S | ignature | Date: |

Please note that around <u>4% bank charge</u> will apply and the transaction will appear under the name of <u>CYTS ONLINE</u> on your next statement.