

# 2009 IEEE/LEOS Winter Topical Meetings Registration Form

12 - 14 January 2009

Hilton Innsbruck ♦ Innsbruck, Austria

## PART ONE: Registrant Information

|                              |                        |             |
|------------------------------|------------------------|-------------|
| Last Name:                   | MI:                    | First Name: |
| Affiliation:                 |                        |             |
| Address (include Mail Stop): |                        |             |
| City:                        | Zip/Postal Code:       |             |
| Country:                     | Email:                 |             |
| Phone:                       | Fax:                   |             |
| Member #:                    | VAT # (if applicable): |             |

### Prior to 12 December 2008

### After 12 December 2008

|                         | Rate  | Rate  |
|-------------------------|-------|-------|
| Member                  | \$660 | \$725 |
| Non-Member              | \$790 | \$870 |
| Student Member/Emeritus | \$265 | \$290 |
| Student Non-Member      | \$315 | \$350 |
| *Extra Digest on CD-ROM | \$75  | \$75  |

\*Registration Fee includes one copy of the digest on CD-ROM. This is if you want to order additional copies.

### All Fees are listed in USD

## PART TWO: Payment Information

|                           | Quantity | Amount              |
|---------------------------|----------|---------------------|
| Registration Fee          | 1        | \$                  |
| Extra Digest              |          | \$                  |
| World Bank Classification |          |                     |
| N= _____ 25=N%            |          | \$( _____ )Discount |
| <b>TOTAL:</b>             |          | \$ _____            |

### METHOD OF PAYMENT

|  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Credit Card       | Type of Credit Card:                |
| <input type="checkbox"/> Cash              | Credit Card Number:                 |
| <input type="checkbox"/> Check             | Exp Date: _____ Total: \$ _____ USD |
| <input type="checkbox"/> Wire Transfer     |                                     |
| <input type="checkbox"/> Traveller's Check | Authorized Signature: _____         |

**PLEASE MAKE CHECKS PAYABLE TO IEEE/LEOS**

**Refund policy for pre-registration:** There will be a \$50.00 USD service charge for processing refunds. A letter requesting the refund should state the pre-registrant's name and to whom the refund should be made.

**NO REFUNDS WILL BE ISSUED AFTER 19 DECEMBER 2008.**

**Do not fax or mail your Conference Registration Form to the LEOS Office after 22 December 2008.**  
**IEEE/LEOS, 445 Hoes Lane, Piscataway, NJ 08854 Fax: +1 732 562 8434**