

**PLEASE FILL IN THIS FORM USING Adobe Reader<sup>®</sup> TO REGISTER AND REQUEST AN INVOICE  
 OR TO PAY BY CREDIT CARD.  
 PLEASE SEND THE FORM USING THE "Send" BUTTON NOT LATER THAN JANUARY 29, 2014**

|                      |        |             |  |
|----------------------|--------|-------------|--|
| Family Name:         |        | Given Name: |  |
| Institution/Company: |        |             |  |
| Mailing Address:     |        |             |  |
| City:                | State: | Zip Code:   |  |
| Country:             | Phone: | Fax:        |  |
| E-mail Address:      |        |             |  |

|  |              |   |
|--|--------------|---|
| <b><u>DECLARATION OF ATTENDANCE (RELEVANT ONLY FOR IWSSIP 2014 AUTHORS)</u></b>  |              |   |
| Paper Title:   |              |   |
| Author(s):   |              |   |
| <p>Please note that the IWSSIP 2014 International Program Committee has accepted your paper under the assumption that you, one of your co-authors or a presenter (non-author) will present the paper at the IWSSIP 2014 symposium. The committee wants to avoid gaps in the sessions due to absent authors. Therefore we ask you to sign this form and send it back (not later than January 29, 2014), otherwise the paper will not be included in the IWSSIP 2014 Proceedings.</p> <p>IEEE reserves the right to exclude a paper from distribution after the symposium (e.g. removal from IEEE Xplore database) if the paper is not presented at the symposium.</p> <p>Symposium organizers <b>will not send</b> proceedings hard copies, electronic proceedings or paper separates to no-show authors. No-show authors will be <b>excluded</b> from all future IWSSIP paper submissions.</p> <p><u>I hereby declare:</u> <i>"I will attend to the IWSSIP 2014 symposium to present my paper or I will be replaced by one of my co-authors or by a presenter (non-author)."</i></p> |              |   |
| Date:  | Author Name: | <input type="checkbox"/> I have understood terms and conditions |

|   |              |             |
|---|--------------|-------------|
| <b><u>PRESENTER'S BIOGRAPHY (RELEVANT ONLY FOR IWSSIP 2014 AUTHORS)</u></b> |              |             |
|   | Family Name: | Given Name: |
| Job Title:  |              |             |
| Institution / Company and Country:  |              |             |
| Research Interests:   |              |             |

## PAYMENT OPTIONS

**IMPORTANT** Each participant must register for the symposium. The registration is due by January 29, 2014. If no registration is received, the paper will not be published in the IWSSIP 2014 Proceedings (relevant only for IWSSIP 2014 authors). Registration fee includes participation on all symposium sessions, all social events and one printed symposium proceedings.

**PAYMENT** Once the symposium organizers receive this registration form, they will make the Invoice with payment instructions for participants which choose to pay by a bank transfer (additional transfer costs from a bank are not included). These participants should skip part of the form which considers credit card information. Please fill in the name and address of the institution / company / person to whom the invoice should be sent:

Institution / Company / Name:

Full Address:

IEEE Member?  Yes  No If YES please type your IEEE membership number:

EURASIP Member?  Yes  No If YES please type your EURASIP membership number:

| <b>REGISTRATION FEE IN EUR (incl. VAT 25%)</b> | <b>IEEE / EURASIP MEMBER</b> | <b>NON-MEMBER</b>   | <b>TOTAL</b> |
|--|------------------------------|---------------------|--------------|
| Early Registration Fee (by February 3, 2014)   | 450 EUR (incl. VAT)          | 500 EUR (incl. VAT) |              |
| Late Registration Fee (from February 3, 2014)  | 562.5 EUR (incl. VAT)        | 625 EUR (incl. VAT) |              |

**VAT Nr. (if existing for Institutions and Companies for VAT deduction):** \_\_\_\_\_

## CREDIT CARD INFORMATION

**IMPORTANT** If this field is left blank, organizers will send the Invoice to your e-mail address automatically. Otherwise your credit card will be charged.

Accepted credit and debit cards are Amex, Diners, Visa, MasterCard and Maestro.

|                                   |   |   |  |   |   |
|-----------------------------------|---|---|--|---|---|
| Credit card type (please select): | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |
| Card number:                      |   |   |  |   |   |
| Expiration date (mm/yyyy):        |   |   |  |   |   |
| Name:                             |   |   |  |   |   |
| Country:                          |   |   |  |   |   |
| State:                            |   |   |  |   |   |
| Address:                          |   |   |  |   |   |
| City/Town:                        |   |   |  |   |   |
| ZIP:                              |   |   |  |   |   |
| Phone number:                     |   |   |  |   |   |

## SENDING THE FILLED FORM

The filled form should be saved to an arbitrary location on your Computer by clicking the "**Save As**" button below, under the name "**en\_Family Name.pdf**", where "Family Name" is your Family Name from the first field of this form. After that, by clicking the "**Send**" button, this form is being sent using your desired e-mail client to organizers and agency which handles registration fees.