

The 31st International Congress on Imaging Science (ICIS 2010)

Registration Form

Reg. No. _____.

Please submit this form by fax or email before April 1st, 2010 to:

Ms.Melody Guan

China International Conference Center for Science & Technology (CICCST)

Fax: 86 -10 - 6218 0723

Email: gmd@congress.com.cn

●Delegates Information

Prof. Dr. Mr. Ms. Given Name _____ Surname _____ Birthday _____

Nationality _____ Passport No. _____ Organization _____ Occupation _____

Phone _____ Fax _____ Email _____

Mailing Address _____

Note: The information of birthday is used for The ICIS2010 Outstanding Paper Award for Young Researchers

I do not need visa application form

I need the visa application form and visa will be issued in _____ (city) _____ (Country)

Accompany person Full name _____ Occupation _____ nationality _____ Passport No. _____

Note: Please click there to choose the visa issued city.

●Registration Fee

SubTotal (1):RMB _____

	Until April 1 st	After April 1 st
Cooperating Societies Member	<input type="checkbox"/> ¥ 3600	<input type="checkbox"/> ¥ 3800
Students	<input type="checkbox"/> ¥ 2800	<input type="checkbox"/> ¥ 3000
Non-Member	<input type="checkbox"/> ¥ 3800	<input type="checkbox"/> ¥ 4000
Accompanying Spouse	<input type="checkbox"/> ¥ 1800	<input type="checkbox"/> ¥ 2000

●Hotel Accommodation

SubTotal (2):RMB _____

CNCC Standard Room (¥680.)

CNCC Deluxe Room (¥880.)

CNCC Suites (¥1400.)

Yayuncun Hotel Standard Room (¥310.)

Check-in date: _____ Check-out date: _____ Total Nights: _____

Share With: _____ (Full Name); Special Requests: _____

Note: One day's hotel deposit will be charged and the others will be paid after you check in the hotel.

●Local Tour Reservation

SubTotal (3):RMB _____

LT1:RMB260 × _____ Person (s) = RMB _____ LT2:RMB280 × _____ Person (s) = RMB _____

LT3:RMB320 × _____ Person (s) = RMB _____ LT4:RMB280 × _____ Person (s) = RMB _____

LT5:RMB320 × _____ Person (s) = RMB _____

●Payment

Bank Transfer

Bank Draft

Payment On-site

Credit Card (Visa Card Master Card American Express Diners Club JCB)

Credit Card No.: _____ Expiry Date: _____

Total Amount (1)+ (2)+ (3): _____ (RMB) Date of Transferring: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Date of submitting this form _____ Month / _____ day / _____ year