ISMAR 2010

The Ninth IEEE International symposium on Mixed and Augmented Reality

October 13-16, 2010 COEX/Art Center Nabi, Seoul, Korea www.ismar10.org

Registration Form

** Please complete this Registration Form and send it to the Secretariat by fax (82-2-566-6087) or e-mail (ismar2010@people-x.com).*

1. Participant Information

Name	First Middle Last		
Title	☐Mr. ☐Ms. ☐Prof. ☐Dr. ☐Others ( )		
Department		**Position**	
Organization			
Address	Street City Zip Code		
	State(Province)	**Country**	
Tel		**Fax**	
E-mail		**Mobile**	

** Please fill out all the contents correctly and clearly for your name badge.*

2. Registration Fee(A)

Category	Pre-Registration (By Sept. 9)			On-Site Registration		
	Oct. 13~16	Oct. 14~16	Oct. 13	Oct. 13~16	Oct. 14~16	Oct. 13
IEEE Member Regular	☐ USD800	☐ USD600	☐ USD200	☐ USD1,000	☐ USD750	☐ USD250
IEEE Non-Member Regular	☐ USD1,200	☐ USD900	☐ USD300	☐ USD1,300	☐ USD950	☐ USD350
IEEE Member Student	☐ USD450	☐ USD250	☐ USD200	☐ USD600	☐ USD350	☐ USD250
IEEE Non-Member Student	☐ USD650	☐ USD350	☐ USD300	☐ USD750	☐ USD400	☐ USD350
Senior member (Over 65)	☐ USD250			☐ USD350		

** IEEE members(Students) are requested to submit their proof of member(student) ID/certificate verifies their status to the Secretariat with this registration form.*

3. Social Events(B)

Category	Date & Time	Fee	No. of Person
Welcome Reception	Oct 14, 19:00~20:30	☐ Free (participation)	
Banquet Ticket	Oct 15, 19:00~21:00	☐ Regular (Included in Registration Fee) ☐ Student (Additional Fee USD 50)	

- Special Request ☐ Vegetarian ☐ Others ( )

4. Payment Method

Registration Fee(A): USD Social Events(B): USD

Total Fee (A+B) : USD

☐ **Credit Card**	☐ **Bank transfer**
☐ Visa ☐ Master	Name of Bank : Woori Bank
Card No. _____/_____/___ _____ /_____	Swift Code : HVBKKRSEXXX
Expiration Date _____/ _____ (mm/yy)	Account Name : KOREA HCI
CVC No. (3 number at back of your credit card) :_____	Account No. : 1081-700-469068
Cardholder's Name_____(as it appears on card)	Account Address : 1-203, Hoehyeon-dong, Jung-gu, Seoul, Korea
Signature _____	Copy enclosed: Payment Date:_____
	Name of Remitter:_____
	*** All bank administration fees are to be paid by exhibitors ***

** All Bank charges for remittance must be paid by the registrant. Please note that the fee must be transferred under the registrant's name and must be stated on the receipt. For processing, please send the receipt to ISMAR 2010 Secretariat by fax or e-mail.*

** For more Information about cancellation and refund policy, please refer to the website (http:www.ismar10.org).*

Date : _____ Signature :_____.

ISMAR 2010 Secretariat

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