

ICA 2009 REGISTRATION FORM

Please complete this form and return it to the Organizing Committee of ICA2009 by fax or e-mail:

Phone/Fax: +55 85 3261.1111 E-mail: roberta@ikone.com.br

Please type or write clearly in block letters.

Title:	First Name:	Last Name:	
Institution:			
Street Address	5:		
City:	State:	Zip Code:	_ Country:
Phone:	Fax:	E-mail :	
Arrival Date: _	at	_(Rio or São Paulo Airport)	with Flight N°:

A. <u>Registration Fees</u>

Please mark which is applicable and indicate the quantity of each extra item when necessary.

CONFERENCE FEES			
	Up to February, 15 th	After February, 15 th	
Professional			
Student			

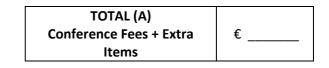
Please indicate the paper number(s) covered by this registration: Paper # _____, Paper #

The Conference fees include:

- Attendance to all sessions;
- Conference Proceedings in CD-ROM;
- Conference Proceedings (Hard copy), Springer LNCS;
- Welcome party and coffee breaks;
- Gala Dinner.

EXTRA ITEMS	PRICE	QTY
Additional Printed Proceedings	€ 65	
Additional Gala Dinner	€ 55	
Transfer: Rio de Janeiro or São Paulo Airport → Paraty*	N/A	N/A
Transfer: Paraty → Rio de Janeiro or São Paulo Airport*	N/A	N/A

* To contract this option you should now contact paraty tours directly (http://www.paratytours.com.br/ingles.asp).







Pederal University of Minus Censis



IMPORTANT NOTES

1- For each accepted paper, at least one author must register by 15 February 2009;

2- Full registration (professional) covers up to two accepted papers;

3- Student registration covers one accepted paper (student identification is required to pay as student);

4- Transfer reservation can also be made directly with Paraty Tours (<u>http://paratytours.com.br</u>).

B. <u>Hotel Reservation</u>

Due to the successful number of registrations, the hotels previously listed in the website are no longer available. You should now contact paraty tours directly for other hotel options (<u>http://www.paratytours.com.br/ingles.asp</u>).

PAYMENT METHOD

Credit Card:

	on form for payment by Credit Card
. ,	nt the card on Registration Desk
Please, charge the amount due for the ICA 2009 t	o my Credit Card. Complete the data and send it
to the FAX +55 85 3261.1111	
Amount Due [Total A]	
Credit card number:	
Name of credit Cardholder:	
Credit card expiration date:	
Security Code (last 3 numbers on the back of	
the credit card)	
Signature:	















□ Bank Telegraphic Transfer:

Bank Telegraphic Transfer		
I have remitted the Amount Due from my Bank paya	able in REALS (copy enclosed) to the following	
account:		
Bank: Banco do Brasil		
Bank Code: 001		
SWIFT: BRASBRRJFLA ou BRASBRRJRCE		
IBAN: 001 3653-6 6308196		
Agency: 3.653-6		
Account Number: 30.819-6		
Address: Rua Paulino Nogueira, 271. CEP 60.020-270		
Account's manager: Conceição (85) 3281.4766		
I have written "ICA 2009" and my name and sent a copy of my remittance invoice or receipt		
together with the registration form by fax or email.		
Amount Due [Total A + EUR 50.00 (bank		
charge)]		
Bank:		
Date:		
Signature:		

Bank Deposit (only to Brazilian Banks):

Bank Deposit (only to Brazilian Banks)		
I have remitted the Amount Due from my Bank (copy enclosed) to the following account:		
Bank: Banco do Brasil		
Bank Nº: 001		
Agency: 3.653-6		
Account Number: 30.819-6		
Beneficiary: FUNDAÇÃO CEARENSE DE PESQUISA E CULTURA		
CNPJ : 05.330.436/0001-62		
I have written " ICA2009" and my name and sent a copy of my remittance invoice or receipt		
together with the registration form by fax or email.		
Amount Due [Total A]		
Date:		
Signature:		

Signature:	Date:	

Please make one photocopy of this form for your own reference











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