

# **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 <sup>th</sup>	After February, 15 <sup>th</sup>	
Professional			
Student			

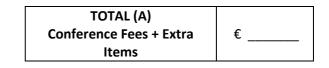
Please indicate the paper number(s) covered by this registration: Paper # \_\_\_\_\_, Paper #

### 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		
<b>CNPJ</b> : 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











2

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