

4th International Conference on Autonomous Robots and Agents - ICARA 2009

James Cook Hotel Grand Chancellor
10-12 February 2009, Wellington, New Zealand

Registration Form

Delegate Details:

Title: Prof / Dr / Mr / Mrs / Ms / Miss

First name: _____ Family name: _____

Preferred name tag details: _____

Company / Organisation: _____

IEEE Membership Number: _____

Contact Details:

Address: _____

City: _____ Phone: _____

Country: _____ Fax: _____

Email address: _____

Paper Details:

Paper No/Title: _____

Paper No/Title: _____

Fees:

| | Up to 28 Nov 2008 | | After 28 Nov 2008 | | |
|--|-------------------|------------|-------------------|------------|--|
| | IEEE Member | Non Member | IEEE Member | Non Member | |
| Full Registration | NZ\$595 | NZ\$695 | NZ\$695 | NZ\$795 | |
| Student Registration | NZ\$395 | NZ\$445 | NZ\$445 | NZ\$495 | |
| Second Paper by same author with Full registration | | | NZ\$100 | | |
| Extra conference dinner tickets | | | _____ @ NZ\$75 | | |
| | | | Total | | |

Both Full and Student registrations include morning and afternoon teas, lunches, one copy of the proceedings on CD and one ticket for the conference dinner. Full registration entitles an author to publish and present **one** paper and the same author can publish and present a second paper at an additional fee of NZ\$100. Student registration is entitled to only **one** paper publication and presentation.

Refund policy: For authors, no refund is provided. For general attendees, if the registration is cancelled prior to 20 December 2008, full payment less NZ\$100 administration charge will be refunded. After 20 December 2008, no refund is available. Substitution is encouraged.

Student registrations: *I certify that the above delegate is a full-time student under my supervision.*

Supervisor's name/signature: _____ Date: _____

Students must fax/post a copy of current Student Identification card.

Payment Details

Card Type: **VISA / Mastercard / Amex** Card No: _____

Name on Card: _____ Expiry Date: _____

Cardholder Signature: _____ Date: _____

Please fax completed form to: +64-6-350 2259 or email scanned copy to icara2009@massey.ac.nz

If paying by cheque/bank draft, please post registration form and cheque/draft (payable to Massey University) to:

ICARA2009, c/o Christine Bond, SEAT, Massey University, Private Bag 11222, Palmerston North, New Zealand

OFFICE USE Confirmation email: _____

Receipt No: _____ Date: _____