

# Image and Vision Computing New Zealand 2003

26-28 November, 2003

Massey University, Palmerston North, New Zealand

## Registration form

### Delegate Details:

Title Prof / Dr / Mr / Mrs / Ms / Miss  
First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Preferred name tag details \_\_\_\_\_  
Company / Organisation \_\_\_\_\_

### Contact Details:

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Please list any special requirements you have for the conference:  
\_\_\_\_\_  
\_\_\_\_\_

### Fees:

	Before 17 Oct	After 17 Oct	
Full Registration	NZ\$ 350	NZ\$ 380	
Student Registration	NZ\$ 175	NZ\$ 200	
Extra conference dinner tickets		_____ @ NZ\$ 60	
Extra proceedings	Paper	_____ @ NZ\$ 40	
	CD	_____ @ NZ\$ 15	
		<b>Total</b>	

Both Full and Student registrations include morning and afternoon teas, lunches, one copy of the proceedings (either paper or CD) and one ticket for the conference dinner.

Refund policy: For authors, no refund is provided. For general attendees, if the registration is cancelled prior to 18 November, full payment less NZ\$25 administration charge will be refunded. After 18 November, no refund is available.

Proceedings preference: Paper / CD

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

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment

Card type: VISA / Mastercard / AmEx Card No: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Expiry date \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to: +64-6-350 2259

If paying by cheque, please post the registration form and cheque to:

IVCNZ'03, C/o Christine Allport, IIST, Massey University, Private Bag 11222, Palmerston North.