



REGISTRATION FORM

First/Given Name: _____ Last/Surname: _____

Company/Affiliation: _____

Mailing Address: _____

City: _____ Mailing State/Province: _____

Country: _____ Mailing Postal Code: _____

E-Mail Address: _____ Phone: _____

IEEE Member Number: _____ First time attending IFCS? YES NO

Are you an author? YES NO Paper number(s): _____

Paper Title(s): _____

Are you a Student? YES NO If yes: Graduate Undergraduate

How did you hear about IFCSISAF 2020? Website Colleague Social Media Previous IFCS/ISAF Other

*Please list any dietary restrictions here: _____

Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you have read and are in agreement with the IEEE Privacy Policy (<https://www.ieee.org/security-privacy.html>)

I have read and agree with the IEEE Privacy Policy Yes

Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you have read and are in agreement with the Event Terms and Conditions (<https://www.ieee.org/conferences/event-terms-and-conditions.html>)

I have read and agree with the Event Terms and Conditions Yes

May we share your name, title, company and email address with our exhibitors? YES NO

May we share your name, title, company and email address with our conference attendees? YES NO

| Items Purchased | IEEE Member | | Non-Member | | IEEE Life Member/Student Member | | Student Non-Member | | Qty | Subtotal |
|--------------------------------------|---------------------------------------|----------------|------------------|----------------|---------------------------------|----------------|--------------------|----------------|--------------|----------|
| | Through March 15 | After March 15 | Through March 15 | After March 15 | Through March 15 | After March 15 | Through March 15 | After March 15 | | |
| Full Symposium Registration | \$725 | \$825 | \$870 | \$970 | \$275 | \$325 | \$325 | \$375 | | |
| Tutorial Fees | \$250 | | \$300 | | \$100 | | | | | |
| Daily Registration | \$325 | | | | Day: _____ | | | | | |
| Exhibit Hall Only | \$50 | | | | | | | | | |
| Extra Items | | | | | | | | | | |
| Additional Gala Dinner Ticket | \$75 | | | | | | | | | |
| Additional Lunch Ticket | \$40 per day (Note which days: _____) | | | | | | | | | |
| Additional Paper Fee | \$50 | | | | | | | | | |
| | | | | | | | | | Total | |

**Full Symposium Registration include lunch Monday-Wednesday and a ticket to the Gala Dinner. If you purchased a Full Symposium Registration please complete the below section.

Credit Card Type: VISA MasterCard American Express Bank Transfer
Credit Card Number: _____ Expiration Date: _____ Verification Code: _____
Name on Credit Card: _____ Signature: _____

Bank transfers are non-refundable.