

Mail-in Registration Form

Attendee Information

Title : _____
First Name: _____ Family Name: _____
Company/University: _____
Country: _____ E-mail: _____

Conference & Registration Fee

Select a Conference: _____
Select only one, but you can attend session's of all other Conferences.
Select your Status: Non-student (\$595.00): _____ Full Time Student (\$545.00): _____
See Terms & Conditions for Student Rate.

Are you registering as an Author? _____ Yes _____ No
*If yes, indicate ID number of the papers in the space provided below. The above rates cover the publication fee for **ONE** paper. Authors with more than one paper must pay an Additional Publication Charge of \$495.00 for each additional paper.*

Number of Additional Papers _____ X \$495.00: _____
You must list identification numbers of papers that this fee will cover:
Paper1: _____ Paper2: _____ Paper3: _____ Paper4: _____

Total Amount Due (in U.S. Dollars): _____

Payment

_____ Check or Money Order
Make check (or money order) payable to "CSREA" in US Dollars.
Amount Enclosed (in US Dollars): _____
_____ Visa _____ MasterCard _____ American Express
Amount Authorized (in US Dollars): _____
Credit Card Number: _____ ([Use Online Registration System](#)).
Card Expiration Date (Month/Year): _____

Name of Person Printed on Card: _____
I accept the "Terms & Conditions" as stated above and I authorize CSREA to charge my card for the amount indicated above.

Signature: _____ Date _____
Your registration fee must be received in full. Partial payment is not acceptable. Complete and mail the signed copy of this form together with payment to:

CSREA / UCMSS
Kaveh Arbtan
14215 Via Michelangelo
San Diego, CA 92129 (USA)

Terms & Conditions

Payments

All payments must be in U.S. Dollars. All checks from banks outside the United States should be cashable at a branch of that bank in the United States or at any US bank.

Checks must be made payable to "CSREA"

Student Rate

Students must have a letter from their Department Head/Chair that states that the attendee is a full time student. This letter is required to pick up the registration materials.

Registration Fee will include

A printed copy of the book/proceedings with ISBN #, access to soft copy of all proceedings of the Federated Congress; breakfast for 4 days, one formal dinner, refreshment breaks (12 of them), access to all sessions, workshops, tutorials, keynote talks of all conferences, and a conference package. Enclosed in the package will be printed book(s), booklet(s), and misc materials.

Refund Policy

*There will be no refunds to authors of papers (since authors fees are used to cover the publication, printing, indexing, costs of authors own papers.) **Paid registrants (non-authors)** who cannot attend, and do not send a substitute, are entitled to a refund of \$200.00 if a request is received in writing on or before **June 09, 2017**. Registrants are liable for their full fees after that date (i.e., NO Refund will be made).*

Office use only

Date Received: _____
Amount Received: \$ _____
Balance Due: \$ _____
Payment Type: _____
_____ Wire Transfer
_____ Check
_____ Credit Card