15th IEEE International On-Line Testing Symposium

Sesimbra-Lisbon, Portugal,

June 24 - 27, 2009



REGISTRATION & HOTEL BOOKING FORM

Please fax to:

Top Atlântico DMC - Congress Department - Att: Mr. Vitor Alves Av. Dom João II, Lote 1.16.1 - 1900-083 Lisboa, Portugal Tel: (+ 351) 218 925 405 Fax: (+ 351) 218 925 406 e-mail: lisboa.congress@topatlantico.pt



A PERSONAL DAT	TA – Please f	fill in				
Prof. Dr.		Eng.	Ms.	Mr.		
Last Name:		_				
Organization / Affiliation:		·				
Address:						
City:			Postal Code:			
Tel:						
Information to issue the Rec	eipt:					
Receipt in the name of:						
Address:			City:			
Country:	Postal Code:		VAT Number:			
B ACCOMPANYIN	IG PERSON -	- Please fill in				
Last Name:		First Name:			_	
C REGISTRATION	I FEES – Plea	ase tick-off and	l fill in			
	Regular 3-d	Regular 3-day Symposium One-day Tutorial				
IOLTS'09 Fees	Early Until 02 June	Late/On-Site After 02 June	Early Until 02 June	Late/On-Site After 02 June	Total in EUR	
IEEE	€ 450,00	€ 575,00	€ 210,00	€ 265,00	€	
Academic	€ 580,00	€ 735,00	€ 270,00	€ 340,00	€	
Student Member ¹	€ 300,00	€ 385,00	€ 150,00	€ 190,00	€	
Student Non Member	€ 385,00	€ 490,00	€ 190,00	€ 240,00	€	
Additional tickets for welcome reception		€ 20,00 each x	Ticket (s)	€	
Additional tickets for social events		€ 20,00 each x	Ticket (s)	€	
Additional tickets for gala dinner		€ 45,00 each x	Ticket (s)	€	
Additional tickets for 3 lunches ²		€ 120,00 each x	Ticket (s)	€	
Additional Proceedings and CDROM		€ 50,00 each x	Copy (s)		€	
Additional pages of the camera ready paper		€ 70,00 each x	Page (s)		€	
			Total amount	for Pegistration	£	

Symposium registration fee includes welcome reception, social event, gala dinner and the symposium proceedings published by IFFF

¹ Student registration fee does not include welcome reception, social event and gala dinner. Additional tickets may be purchased.

² For non residents at Sesimbra Hotel & Spa.

D ACCOMMOD	ATION - Pleas	e tick-off and fill	l in			
Arrival Date:	D	eparture Date:	Number of nights:			
Hotel	Category	Single room	Double room Total in EUR			
Sesimbra Hotel & Spa	***	€ 135,00	€ 175,00			
			Total amount for Accommodation €			
Rates are in Euros (€) per room, per night, including breakfast, lunch, VAT and taxes. These special rates are available only if booking is made and paid through Top Atlântico DMC. Reservation requests will be confirmed on a <i>first come</i> , <i>first served</i> basis. If your choice is no longer available a similar alternative accommodation will be suggested.						
E PAYMENT -	Please tick-of	f and fill in				
			Total of sections C + D €			
F CANCELLAT	TON POLICY					
Registration and Social Events: Cancellation will be accepted until May 29, 2009. The total amount will be refunded, less a cancellation fee of \in 50,00 for administrative expenses. No refunds can be made for cancellations received after May 29, 2009. If you have registered but find yourself unable to participate, your registration can be transferred to a colleague within your own organization. Please inform the secretariat by e-mail to lisboa.congress@topatlantico.pt						
Accommodation and Tours: All bookings must be fully prepaid. Requests received without payment may be not considered. Upon payment a confirmation letter/fax will be sent. Cancellations received before May 8, 2009 will be refunded after the congress, minus € 25,00 administrative fees. After this date no refunds will be made.						
All approved refunds will be	e processed and issued	d until 60 days after the	Congress.			
G FORM OF PA	AYMENT - Plea	se tick-off and f	ill in			
• Certified Bank Cheque, made payable to Top Atlântico DMC – Viagens Turismo, S.A. (Please attach or fax a copy of the certified bank cheque); (Personal cheques not accepted).						
Number:	Bank:_		Amount: ⁼ €			
Swift Bank Transfer	to (Please enclose cop	by of the bank order):				
Top Atlântico DMC – Viagens Turismo, S.A. Int. Bank Account Number: PT50 0033 0000 0000 8770 6440 5 Swift Code: BCOMPTPL Bank: Banco Comercial Português Address: Av. José Malhoa, Lote 1682, Piso 3, 1099-007 Lisboa, Portugal						
Bank:			Amount: = <u></u> €			
	ust be borne by the pa	rticipant)				
Credit card: VISA	CONTENE CO	MasserCard	Other			
Cardholder's Name						
Card number:			Exp. Date			
· ·	ioned on the back of th		(Except AMEX):			
I herewith authorize Top Atlântico DMC – Viagens Turismo S.A. to debit this credit card for the amount of €						
Signature:			Date:			
agents only in securing ho damage, loss, accident, d employees of such conti	otels, transport and tra lelay or irregularity of ractors in carrying ou	avel services and in no e any kind whatsoever dur ut services. Hotel and t	Organising Committee and Top Atlântico DMC act as event shall be liable for acts or defaults in case of injury, ring arrangements organised through contractors or the transportation services are subject to the terms and ganising Committee reserves the right to make changes			

where deemed necessary, without prior notice to parties concerned. All disputes are subject to the Portuguese law.

PLEASE FAX TO (+ 351) 218 925 406

An official confirmation will follow soonest possible. If you have chosen payment by Certified Bank Cheque or Swift Bank Transfer please make sure that you have duly completed all the payment details, otherwise your form will not be considered. If you have chosen payment by Credit Card please make sure that you have correctly filled all the required information, otherwise your form will not be considered.