

WONS 2013 CONFERENCE REGISTRATION FORM

Welcome to WONS 2013!
Banff, Alberta
Canada

Please complete this form and send it to the Organizing Committee. You may either scan and email Elizabeth at: elizabet@dal.ca or fax your submission to 1 (902) 492-0011.

Please include your name and WONS 2013 in the email header or title fax page.

For faxes:

Attn: Elizabeth MacDonald
Faculty of Engineering
Dalhousie University
108- 5269 Morris Street
P.O. Box 15000
Halifax, NS B3H 4R2

* Mandatory fields

Please use capital letters.

Title _____

Name*

(Last name) (First name) (Middle name)

Company/Organization* _____

Department Address _____

City* _____

State/Province _____

ZIP/Postal code _____

Country* _____

E-mail* _____

Telephone _____

WONS 2013 CONFERENCE REGISTRATION FORM

CONFERENCE FEES - Early Registration Deadline is February 18th, 2013

Student (early) \$150 CAD _____
Student (late registration) \$300 CAD _____
Regular (IEEE Member, early) \$500 CAD _____
Regular (IEEE Member, late) \$600 CAD _____
Regular non-IEEE (early) \$600 CAD _____
Regular non-IEEE (late) \$700 CAD _____

TOTAL \$CAD: _____

Please note that fees include a GST of 5%. (Dalhousie University's Tax ID Number is 886806561 RT0001)

* Students and IEEE Members must provide proof of their status:

IEEE Membership Card Number: _____
Student Card Number: _____

Conference Registration includes: welcome reception, attendance to sessions, two dinners, morning and afternoon coffee breaks, and conference materials.

For organizational purposes

Expected arrival date: _____
Departure date: _____

Paper Presentation

WONS requirements for paper presentation are as follows:

- a) At least one author per paper must submit their paper by 2012. One author registration covers one paper (oral or poster presentation); additional papers must be paid for separately.
- b) One of the authors must give a presentation of the paper at the conference.

Papers not satisfying any of these two requirements will be automatically removed from the Final Program and will not appear in the Proceedings. If you are an author, please enter the EDAS number(s) of the paper(s) you will present below:

1) _____

2) _____

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ADDITIONAL INFORMATION

Special dietary requirements: _____

Other requests:

PAYMENT

Total payment \$CAD _____

Please select one of the following:

1.) Checks - Make all checks payable to "Dalhousie University"

Participant's name and Conference reference must be clearly indicated on the check, and can be mailed to Elizabeth MacDonald at the address above.

2.) Credit Card. Please send us your authorization, filling in the following details:

VISA MasterCard

Card Number _____

CCV _____ Exp. Date: Month/Year _____

Card Holder Name _____

Authorized Signature _____

Cancellation Policy

To cancel your registration, please notify the Conference Organizers (top of first page) in writing. Refunds will be made if cancellation occurs by December 31, 2012. A fee of

\$100 CAD will be charged for processing the cancellation. No refund will be made for cancellations received after December 31, 2012 or for no shows.

Opt-in IFIP database request:

I agree to my name and email address (together with basic information about this event) being placed in a database under the control of the International Federation for Information Processing (IFIP). They may then be used by IFIP solely for the purpose of sending me information about other IFIP events that may be of interest to me. They will not be used for any other purpose or passed on to third parties. I will be able to remove myself from the IFIP mailing list at any time by sending an email to ifip@ifip.org.

Yes No

Opt-in IEEE list request:

Yes Please send me IEEE Communications Society membership and event promotional materials.

Privacy Policy

Any personal data collected through this registration form will be used to complete your enrollment to the event organized by our society. Your data will be shared with the agency organizing the conference, with our direct consultants and other professional partners, with printing works, and for contacting you with any information regarding this event.

By signing you accept the above uses of your personal data. The assent is optional; non-acceptance implies that it will not be possible to process your registration to the current event.

I expressly agree to publish my name and institution according to the purposes above mentioned (non-acceptance implies that it will not be possible to process your registration to the current event):

Yes No

Signature _____

Date _____