



ADVANCE REGISTRATION FORM

Registrant Information (Please print clearly) * INDICATES A REQUIRED FIELD

*Last/Family/Surname _____ *First/Given Name _____

*Organization _____

* Address (Line 1) _____ Address (Line 2) _____

*City _____ US State/Canadian Province _____ *Postal/Zip Code _____ *Country/Region _____

*Primary Contact Number _____ Fax # _____


*Email (A valid email address is required to receive confirmation) _____ Additional Email (confirmation will be forwarded to the address entered) _____

Emergency Contact _____ Emergency Contact Number _____

Members of IEEE and the following ComSoc Sister Societies may register at the IEEE MEMBER rate. Please select the appropriate affiliation below and enter your member number below.

IEEE Member Number _____ Sister Society Member Number _____

AICA AICT AIU CCIS CIC CIE CIEE CMAI CoE EWI EZS FITCE HTE IEICE-CS IEM IETE IIC ITU KICS LITKA MAEECE POPOV PTC REV SAIEE SBRT SCS SEE SEEEI SR VDE

 If you have a disability and may require special accommodations in order to fully participate, please check the box below. You will be contacted by someone from our staff to discuss your specific needs. Please check the box if you have any special needs.

Please indicate your special needs _____

Please indicate your dietary restrictions Other _____

How did you hear about IEEE Healthcom 2011? Website E-mail Past Attendee Colleague Call for Papers

Other _____ Is this your first time attending this conference? Yes No

What is your main reason for registering? Attending Sessions Presenting Session Chair Other _____

Organizational Status: Industry Government Academia Research & Development Other _____

Into which airport are you flying? St. Louis Kansas City Columbia I will be driving, not flying

If you are driving to the conference sessions each day, will you require a parking pass for the campus parking garage located near the conference facility? Yes, I will require a parking pass No, I will not require a parking pass

At which hotel will you be staying: Hampton Inn and Suites (conference hotel) Stoney Creek Inn (conference hotel) Courtyard by Marriott (conference hotel) Other

Do you intend to utilize the complimentary shuttle for transportation to and from your (conference) hotel to the Bond Life Sciences Center? Yes No

Name: _____

IMPORTANT INFORMATION FOR AUTHORS

NOTE: To be published in the IEEE Healthcom 2011 Conference Proceedings and IEEE *Xplore*®, an author of an accepted paper is required to register for the conference at the *full* (member or non-member) rate (R01, R02, R03) and the paper must be presented at the conference. This author registration fee is non-refundable and must be paid prior to uploading the final IEEE formatted, publication-ready version of the paper. For authors with multiple accepted papers, one full registration is valid for up to three (3) papers. If you have more than 3 papers, a second registration will be required. The maximum number of pages per paper is eight (8). You may purchase up to two (2) extra pages per paper at a cost of \$100 per page. Accepted papers will be published in the IEEE Healthcom 2011 Conference Proceedings. Accepted and presented papers will be published in the IEEE Healthcom 2011 Conference Proceedings and in IEEE *Xplore*®.

The deadline for Author registration is **Friday 6 May, 2011.**

EDAS # _____ EDAS # _____ EDAS # _____

***REGISTRATION CATEGORIES**

	On/By 16 May	After 16 May/Onsite	
<input type="checkbox"/> R01 – IEEE ComSoc Member (Full)	US\$525	US\$625	US\$ _____
<input type="checkbox"/> R02 – IEEE/Sister Society Member (Full) ¹	US\$550	US\$650	US\$ _____
<input type="checkbox"/> R03 – Non-Member (Full) ²	US\$650	US\$750	US\$ _____
<input type="checkbox"/> R04 – IEEE Life member	US\$325	US\$425	US\$ _____
<input type="checkbox"/> R05 – ComSoc Student Member	US\$325	US\$375	US\$ _____
<input type="checkbox"/> R06 – IEEE Student Member	US\$350	US\$400	US\$ _____
<input type="checkbox"/> R07 – Non Member Student	US\$400	US\$450	US\$ _____

ATTENTION STUDENTS- You must fax or email us verification of your full-time graduate or undergraduate student status (**example:** letter from department head or IEEE Student Membership card/number) in order to register as a student. FAX: +1 732 465 6447 or Email healthcom11reg@ieee.org.

REGISTRATION INCLUDES:

R01, R02, R03, R04 – Monday Dinner, Tuesday Dinner Excursion, Continental Breakfast (Mon-Wed), Lunch (Mon-Wed), Daily Coffee Breaks, Conference Proceedings on CD-ROM, and a book of Abstracts

R05, R06, R07 – Monday Dinner, Continental Breakfast (Mon-Wed), Lunch (Mon- Wed), Daily Coffee Breaks, Conference Proceedings on CD-ROM, and a book of Abstracts

1 includes complimentary IEEE ComSoc membership (digital delivery of IEEE Communications Magazine, offer excludes those who were previously ComSoc members in the last 5 years)

2 includes complimentary affiliate IEEE ComSoc membership (digital delivery of IEEE Communications Magazine, offer excludes those who were previously ComSoc members in the last 5 years)

Note: Student and IEEE Life Member registrations are not valid as author registrations.

ADDITIONAL ITEMS

<input type="checkbox"/> Qty _____ Addl Monday Dinner (each)	US\$20	US\$ _____
<input type="checkbox"/> Qty _____ Addl Tuesday Dinner Excursion (each)	US\$100	US\$ _____
<input type="checkbox"/> Qty _____ Addl Copy of Proceedings on CD ROM	US\$40	US\$ _____
<input type="checkbox"/> Qty _____ Over Length Page Fee (max 2)	US\$100	US\$ _____
<input type="checkbox"/> Qty _____ Wire Transfer Fee (per transaction)	US\$20	US\$ _____
<input type="checkbox"/> Qty _____ Purchase Order (per transaction)	US\$20	US\$ _____

CANCELLATION POLICY

All refund/cancellation requests must be provided in writing and received by **Monday 30 May, 2011.**

There will be an administrative fee of **US\$100.**

Please submit all requests to healthcom11reg@ieee.org

VISA INFORMATION

For Non-Authors (or authors needing a hard copy letter)

You will need to first register for the conference and obtain a registration receipt. Once you have registered, please complete a ComSoc Visa Assistance Request Form at <http://www.comsoc.org/node/add/visa-assistance-request>

For Authors

Authors can obtain visa letters through EDAS. Log onto your personal home page and into the paper you submitted; there will be a letter shaped icon (visa letter). Click on that link to create the visa letter to be generated (pdf format).

Name:

METHOD OF PAYMENT

Do not submit the form without a form of payment

VISA MasterCard American Express Discover

Credit Card Number _____ Expiration Date _____

Name on Card _____ Authorized Signature _____

CHECK or Money Order – Issued in US Dollars - Make payable to IEEE Healthcom 2011
Mail your check together with the registration form. Please DO NOT submit the form without payment.

WIRE TRANSFER – Please contact healthcom11reg@ieee.org for Wire Transfer instructions
Forward your Wire Transfer receipt together with the registration form. Please DO NOT submit the form without the receipt.

Purchase Order – Please submit a copy of your purchase order, along with your registration form.

Note: IEEE may contact you regarding similar IEEE conferences, services, and/or technical products.
If you prefer not to be contacted please check "No". No

Please mail, fax or e-mail completed form and payment information to:

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