

*Wire transfers can be made to:*

*Bank:* Bank of America

*Address:* Falmouth Banking Centre, 251 US Route 1, Falmouth, ME 04105

*Swift Code:* BOFAUS3N

*ABA Routing Number:* 026009593

*Account Number:* 458000147832

*Account Name:* ICST

**ON THE TRANSFER PLEASE ASK YOUR BANK TO  
INCLUDE:**

- 1) YOUR FULL NAME**
- 2) THE NAME OF YOUR CONFERENCE EVENT**

AFTER THE TRANSFER HAS BEEN COMPLETED PLEASE FILL OUT THE REGISTRATION FORM BELOW AND SEND IT WITH YOUR PAYMENT TRANSFER CONFIRMATION FROM THE BANK TO: [registration@icst.org](mailto:registration@icst.org)

Once we receive your payment confirmation you will be enabled to upload your paper.

ADD (US) \$20.00 OR THE EQUIVALENT IN EURO TO COVER THE BANK SERVICE CHARGE.

YOU WILL RECEIVE A RECEIPT WHEN YOU CHECK IN AT THE DOOR OF THE CONFERENCE

## Registration Policy

- **For each accepted paper, at least one author must register at a non-student rate, even if all authors are students.** Completed registration is required for all accepted papers and/or presentations that are to be included in conference proceedings. One registration covers two papers of those authors who have multiple papers accepted.
- **Payment Mode:** The transaction for the payment would be in \$USD
- **Cancellation/Refund:** There is a \$35 (OR EURO EQUIVALENT) service charge for processing a refund. Refund requests must be sent by letter or email ([registration@icst.org](mailto:registration@icst.org)) no later than (PLEASE VIEW DEADLINE ON THE CONFERENCE REGISTRATION PAGE). The refund will be processed in the same manner as payment.
- **Payment receipt** will be included in the registrant's conference package.
- **REGISTRATION FEE INCLUDES**
  - participation in the registered program
  - badge
  - conference bag and/or gadget
  - conference document (proceedings on CD-ROM)
  - social event (only included in the technical session fee)
  - coffee breaks

**THIS IS A GENERIC REGISTRATION FORM. FOR INFORMATION SPECIFIC TO THE CONFERENCE (SUCH AS DEADLINES) THAT YOU ARE REGISTERING FOR, PLEASE VISIT THE CONFERENCE WEBSITE WHICH CAN BE ACCESSED THROUGH THE LINK [www.icst.org](http://www.icst.org)**

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## Registration Form (Please print clearly)

### Registrant Contact Info:

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\* Circle: Prof. Dr. Mr. Mrs. Ms. Miss  
\* First Name \_\_\_\_\_ M.I. \_\_\_\_\_ \*Last Name \_\_\_\_\_  
Title \_\_\_\_\_ Company/Affiliation \_\_\_\_\_  
\* Address \_\_\_\_\_  
\* City \_\_\_\_\_ \* State \_\_\_\_\_  
\* Country \_\_\_\_\_ \* Zip Code \_\_\_\_\_  
\* Phone \_\_\_\_\_ \* Fax \_\_\_\_\_  
\* Email \_\_\_\_\_

Status                      PROFESSOR                      OTHER                      STUDENT

\* Conference Name: \_\_\_\_\_

\* What events are you registering for: \_\_\_\_\_

\* Special needs or extra proceedings/overlength pages: \_\_\_\_\_

\* What date the wire transfer was completed: \_\_\_\_\_

\* How much the transfer was for: \_\_\_\_\_

\* Wire transfer from (bank name): \_\_\_\_\_

\* Any other information regarding the wire transfer: \_\_\_\_\_

### Registrant Status

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\_\_\_\_\_ Please check here if you are a **Member of ICST, Create-Net, IEEE** (you will be charged the member fee unless you are also a student) Please enter your membership ID: \_\_\_\_\_

\_\_\_\_\_ Please check this box if you're a **Full-time Student<sup>2</sup>** (you will be charged student fee)  
If checked, please enter the name of your university: \_\_\_\_\_

\_\_\_\_\_ Please check this box if you are vegetarian or have other special dietary needs..

Special Needs: \_\_\_\_\_



\_\_\_\_\_ Check if you require a VISA – Letter of Invitation

\_\_\_\_\_ **Check this box if you are presenting a paper. What is the ID and TITLE of the paper you are presenting?**

\_\_\_\_\_

**If you are a registering at the student rate and are also an author, please indicate which of your co-authors will be registering at the full rate?**

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