**REGISTRATION FORM OF IARCE 2017**

**2017 International Conference on Industrial Automation, Robotics and Control Engineering**

Budapest, Hungary. October 20-22,2017

Budapest University of Technology and Economics

[www.iarce.org](http://www.iarce.org)

Please note that it is essential for all participants to send in a completed Registration Form, Final Papers (.doc & .pdf), to [iarce@iased.org](mailto:iarce@iased.org)

**I. PERSONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Full Name:    First Middle initial Last | | | | |
| \*Position: (Prof. /Assoc. Prof. /Asst. Prof. /Dr. /Mr. /Ms. ) | | | Male □ Female □ | |
| \* Will you attend the conference in person?  YES □ NO□  \*Participant’s Full Name:   * Register only one person on each registration form, print name exactly as you wish it to appear on your name badge. * Any changes, please inform us 30 days before the conference, or the participant should be responsible for the consequences.   \*Participant’s Affiliation(Organization or University): | | | | One-inch-Photo here |
| It is free for participants of IARCE 2017 to join the items below. If you will join in, Please mark it with Y.  1, Lunch on Oct. 21 ( )  2, Dinner Banquet on Oct. 21 ( )  Special Dietary:  Vegetarian □ Vegan □ Muslim □ Gluten Free□ Halal □ Allergy to nuts □ Lactose Intolerant □ No Seafood □ Other □ (please specify: ) | | | | |
| Special Requirements for the Conference? Please list any special requirements | | | | |
| \*Post Address (Authors from mainland of China should write the address in Chinese) | | | | |
| Emergency Contact( name, phone number): | | | | |
| \*Invoice Title:  Usually refer to the name of whom to reimburse the registration fee, such as the university name, company name. | | | | |
| \*City: | | \*State/Province: | | |
| \*Country: | | \*ZIP/Post Code: | | |
| \*Tel.: | \*E-mail: | | | Fax: |
| Student ID Number: | | IASED Member Number: | | |
| \*Paper ID: | |  | | |
| \*Paper Title: | | | | |
| \*Paper Authors: | | | | |
| \*Paper Pages: | | Additional Page: | | |
| How did you find out about the conference?  □ Colleague told me  □ Google search  □ CFP conference list(please specify )  □ Direct email notification  □ Other, please specify | | | | |

II. CONFERENCE FEES (BY US DOLLAR)

|  |  |  |
| --- | --- | --- |
| Items | Amount | Your Choice (Use Arabic Numerals) |
| Student(verification of student status must be provided) | USD 470 |  |
| Authors (IASED Members) | USD 500 |  |
| Authors (Non Student or IASED Members) | USD 530 |  |
| Presenter Only | USD 380 |  |
| Listeners | USD 300 |  |
| Tutorial | USD 350 |  |
| Additional paper(s) | USD 360 |  |
| \*Additional page | USD 100/page |  |
| Total |  | |

\* One regular registration can cover a paper within 6 pages, including all figures, tables, and references, extra pages need to pay Additional page fee.

\*\* All the papers will be published on-line.

**III. Payment Terms**

**Credit Card Online Payment linkage (VISA and Master card ONLY. No Handling Fee)**

<http://meeting.yizhifubj.com.cn/web/main.action?meetingId=351>

Please make sure you have VISA or Master Card Credit Card before clicking this link, and you should also calculate the right amount and pay.

**Please fill in the E-mail which you used when you paid the fee and Confirmation Order Number you received after paying.**

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**IV. IASED Member Application**

Join IASED now to quality for member registration rates. Please compile and return the [Membership Form](http://www.iased.net/ueditor/php/upload/file/20161109/1478620831877592.docx) along with your CV to [membership@iased.org](mailto:membership@iased.org). Your application will be processed in 5 working days.

**V. Other**

Finally, we suggest you write down a biographical sketch here, for use of making introductions by Session Chair before your presentation gets started.

20-120 Words(1-6.5 lines)



IARCE 2017 Conference Committee

Budapest