

# REGISTRATION FORM

(NON-REFUNDABLE)

Please Print or Type

Name \_\_\_\_\_

*Prof./Dr.Mr./Mrs./Ms.*                      *Last Name*                      *First Name*                      *Middle Name*

Mailing Address (to send confirmation): \_\_\_\_\_

*City*                      *Sate/Province*                      *Country*                      *ZIP/Postal Code*

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Organization: \_\_\_\_\_ Email Address: \_\_\_\_\_

## GENERAL REGISTRATION FEES (14<sup>th</sup> and 15<sup>th</sup>, Not Including Tutorial)

MEMBER / AUTHOR / SPEAKER	<i>On or before April 1st, 2008</i>	<i>After April 1st, 2008</i>	
FULL CONGRESS	\$ 860	\$ 1,080	\$ _____
NON-MEMBER & NON-SPEAKER			
FULL CONGRESS	\$ 980	\$ 1,280	\$ _____
GROUP REGISTRATION (SIX & MORE)	\$ 780	\$ 980	\$ _____

For IEEE/ACM/IEICE/CIC (select the member type) member rates, provide member number: \_\_\_\_\_

TUTORIALS (congress registration is separate)		<i>On/by April 1st,2008</i>	<i>After April 1st,2008</i>	Total
T01	4G Mobile Technologies & Design	\$ 495	\$ 595	\$ _____
T02	Mobile Smartphone Architecture	\$ 495	\$ 595	\$ _____
TOTAL TUTORIALS \$				_____

TOTAL PAYMENT (CONGRESS+ TUTORIALS) \$ \_\_\_\_\_

If you do not provide the following credit card information or enclose your payment with this form, you must sign below to declare to agree to pay the above amount by the specific deadline, and declare all the information in this form is true. Any false statement is subject to the maximum penalty permitted by U.S. law.

Signature of Register: \_\_\_\_\_ Passport/DL# \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information

Check/Money\_Order/Draft in US Dollar Drawn in a US Bank, Make it Payable to:

**DELSON, 1218 Bubb Road, Cupertino, CA 95014, USA**

For Wire Transfer Information, please refer to: <http://delson.org/docs/bank.htm> or <http://b3g.org/docs/bank.htm>

Charge my: [ ] VISA [ ] Mastercard [ ] AMEX                      Amount: \$ \_\_\_\_\_

Credit Card # : \_\_\_\_\_                      Exp. Date (MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_                      ZIP/Postal Code: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

**PLEASE FAX THIS FORM WITH YOUR SIGNATURE TO: +1 – 408 – 228 - 1935**