**REGISTRATION FORM OF CPSOIT 2018**

2018 International Conference on Cyber Physical Systems and IoT (CPSIOT 2018)

Stockholm, Sweden 丨 Sept. 21-23, 2018

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

Please note that it is essential for all participants to send in a completed Registration Form, Final Papers (doc & pdf), and payment voucher to [cpsiot@iased.org](mailto:cpsiot@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 CPSIOT 2018 to join the items below. If you won’t join, Please mark it with N. If you will join, Please mark it with Y.  1. Lunch on Sept. 22 ( )  2. Dinner Banquet on Sept. 22 ( )  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: | | | |
| 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)**

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Early (Until Apr. 30) | Regular (Until Aug.10) | On-site |
| IASED Member | USD 480 | USD 520 | USD 580 |
| Nonmember | USD 500 | USD 550 | USD 600 |
| Student | USD 450 | USD 500 | USD 550 |
| One-day Program | USD 370 | USD 420 | USD 460 |
| Special Session | Free | Free | Free |

**Extra Term**

|  |  |
| --- | --- |
| Item | Cost |
| Extra Page / Per page | USD 70 |
| Extra Paper Upload | USD 300 |
| Extra Banquet Ticket | USD 50 |
| One Day Tour | TBD |
| Total Conference Fees |  |

\* 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.**

|  |  |
| --- | --- |
| E-mail: | Confirmation Order Number: |

**IV. IASED MEMBER APPLICATION**

Join IASED now to quality for member registration rates. Please compile and return the [Membership Form](http://www.iased.org/ueditor/php/upload/file/20180121/1516549654801650.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)



CPSIOT 2018 Conference Committee

Stockholm