



REGISTRATION FORM

| | | |
|----------------------------|----------|--------|
| 1. Personal Details | | |
| First Name: | Surname: | |
| Institution: | Student | Title: |

| | | | |
|---------------------------|---------------|--------------|------------------|
| 2. Contact Details | | | |
| Street Address: | | | City: |
| State/Province: | | Postal Code: | Country: |
| Telephone: | Country Code: | City Code: | Telephone Number |
| Email address: | | | |

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|--|---|--|---|
| 3. Fees Fees are shown below - The deadline for early registration is May 11, 2012. | | | |
| If you are presenting, please give the reference number of your paper/workshop/poster | | | |
| Presenter | <input type="checkbox"/> Early Registration (500 Euros) | <input type="checkbox"/> Regular (550 Euros) | |
| Participant | <input type="checkbox"/> Regular (550 Euros) | | |
| Student | <input type="checkbox"/> Early Registration (350 Euros) | Student Finalist | <input type="checkbox"/> Early Registration (300 Euros) |
| SSU/IoA staff | <input type="checkbox"/> Early Registration (450 Euros) | Committee Member | <input type="checkbox"/> Early Registration (475 Euros) |
| Group (3 or more) | <input type="checkbox"/> Early Registration (475 Euros) | | |
| If attending as a group please indicate the other members of the group | | | |

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| 4. Payment Method | |
| I wish to pay by the following method: | |
| <input type="checkbox"/> Credit /Debit Card (please complete Section 5) | |
| <input type="checkbox"/> Bank Transfer (please refer to Section 6) | |

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|---|--|
| 5. Credit / Debit Card Details (All payments in Euros) | |
| Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Switch (We do not accept: Electron, Diners or American Express) | |
| <input type="checkbox"/> I wish to pay the registration fee of Euro: (This amount will be debited when we receive this form) | |
| Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | |
| Last 3 spaces for Switch ONLY | |
| Start Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| 3 Digit Security Code: <input type="text"/> <input type="text"/> <input type="text"/> (on back of card) | |

6. Wire Transfer Details

If paying by bank wire transfer, please use the details below. Please indicate below the date and the reference number of the transaction.

Bank: Barclays Bank

Address: Apex Plaza, Reading, Berkshire RG1 1AX

IBAN: GB45BARC20792567705188

Swift: BARCGB22

Sort code: 20-79-25

Account number: 67705188

Beneficiary: Southampton Solent University Reference: ICICTE12

Please ensure all payments are in Euros.

7. Submitting your registration

Please email your completed form to the conference registrar, Matt Hickling at the address below:

Telephone: 0044 (0) 23 8031 9288

Email: matthew.hickling@solent.ac.uk

To Post your registration form, please send it to:

Matthew Hickling, ICICTE Conference Registrar

The Technology School

Maritime and Technology Faculty

Southampton Solent University

East Park Terrace

Southampton, UK, SO14 0RD

Cancellation policy:

Requests for refund are to be sent to the Conference Registrar by e-mail or by mail.

Refund of 75% of registration fee for cancellations one month before the conference (by June 4)

Refund of 50% for cancellations up to two weeks before the conference (by June 20)

No refunds will be available for cancellations after June 20.

8. Signature (Use 'Apply Ink Signature' or click on box below to create Digital Signature)

I have read the information above and agree to the terms & conditions for registration and payment

Signature:

Date: / /