MMSP'10
2010 IEEE International Workshop
on Multimedia Signal Processing

October 4-6, 2010 | Saint-Malo, France

Please fill in the following form and return it with payment to:

MMSP 2010 /Edith Blin-Guyot
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Campus de Beaulieu
35042 Rennes Cedex – FRANCE
Fax: +33 (0)2 99 84 71 71
Email : Edith.Blin@inria.fr

Registration form

● IDENTITY

☐ Ms. ☐ Mr.

LAST/FAMILY NAME*: _____ First/Given name*: _____

Statut: Full/Author ☐   Student ☐   Plenary speaker ☐   Industrial sponsor ☐

Affiliation*: _____

Business Address: _____

_____

Postal/Zip code: _____City: _____ ___State: _____

Country*: _____

Phone: _____Fax: _____E-mail: _____

*: will appear on the badge

Agreement for printing your e-mail address on the participants list:
YES ☐   NO ☐

● AUTHORS INFORMATION

At least one author of each accepted paper must register with a non-student registration to ensure that it is included in the conference program and the proceedings. Each author registration covers only one paper. If you have multiple papers, please encourage a co-author to attend the conference. If that is not possible, you can pay an extra-paper fee to cover each additional paper. **The deadline for author registration is July, 10th 2010.** Papers that do not have an associated registered author by this date will not be included in the proceedings.

Author information: Paper n° # _____

● REGISTRATION (VAT 19.6% included)

CONFERENCE from Monday, October 4th to Wednesday, October 6th

Fees per person include: admission to the sessions, electronic proceedings, 3 lunches, coffee-breaks, guided visit of Le Mont Saint Michel and conference dinner.

CONFERENCE	*Until Sept. 15th*	*From Sept. 16th*
IEEE Full member/Author	475 € ☐	650 € ☐
Full non-member/Author	675 € ☐	800 € ☐
IEEE Student member *	270 € ☐	380 € ☐
Student non-member*	400 € ☐	500 € ☐
Industrial sponsor	475 € ☐	650 € ☐

*: Please provide us a copy of your student card with the registration form

Extra paper fee:

Extra paper	300 € ☐

Extra social event for accompanying persons (guided visit of Le Mont Saint-Michel and conference dinner)

Extra social event, October 5th	80 € ☐

Total amount	€

● PAYMENT INFORMATION

☐ **By credit card**

▪ **Direct payment** (not secure)

Cardholder last name and first name: _____ hereby authorizes INRIA to charge my credit card:

☐ *Visa*   ☐ *Mastercard*   (*American Express, Diner's Club* cards are not accepted)

Credit card number:

|___|___|___|___| / |___|___|___|___| / |___|___|___|___| / |___|___|___|___|

Security code: |___|___|___| (see the 3 last numbers on the back of the credit card)

Expiration date (month/year): _____ / _____

Total payment (in Euros): _____   Cardholder signature

☐ **By bank transfer**: Banking information will be provided on receipt of your registration form.

Banking information:

For the benefit of: INRIA de Rennes - Régie

Bank: Trésor Public

Address of the bank: Avenue Janvier – BP 72102 – 35021 Rennes Cedex 9 – France

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☐ **By cheque** in Euros drawn out of a French Bank, payable to "Agent comptable de l'INRIA". Cheque must be enclosed with the registration form.

☐ **By purchase order (for French academic delegates only).** Purchase orders must be enclosed with the registration form. Please do not forget to state your name and the Conference reference: MMSP 2010

● CANCELLATION POLICY

Only written cancellation will be taken into account. At least, one author per paper should remain registered.

Please note that 50 € as cancellation / administrative charge will be retained for cancellation before September 15[h], 2010. No refund after this date.

● ATTENDANCE INFORMATION

Welcome: Approximative date of arrival: _____

Approximative date of departure: _____

Catering: In order to help the Conference organisation, please tick the appropriate boxes below:

- ▪ I will attend
  - the lunches on:

    Monday, October 4th   ☐
    Tuesday, October 5th   ☐
    Wednesday, October 6th   ☐

  - the social event (guided visit of Le Mont Saint Michel and conference dinner)
    on Tuesday, October 5th   ☐

- ▪ Please indicate below your dietary restrictions or any specific requests:
  - No meat   ☐
  - No meat no fish   ☐

- ▪ Other specific requests (will be provided if possible):

  _____
  _____
  _____