

**ICIAfS 2008 CONFERENCE REGISTRATION FORM**  
**International Conference on Information and Automation for Sustainability**  
**December 12-14, 2008 – COLOMBO, SRI LANKA**

**Please print clearly or type:** Title:  Prof.  Dr.  Mr.  Ms.

Date \_\_\_\_\_ Paper No. \_\_\_\_\_ Additional Papers with this Registration \_\_\_\_\_

Family name \_\_\_\_\_ Given names \_\_\_\_\_

Institution/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ IEEE Member No. \_\_\_\_\_

WHETHER APPLY FOR STUDENT AWARD: YES/NO (If YES, Student Name: \_\_\_\_\_ )

**CONFERENCE REGISTRATION FEES IN US \$:**

	Received by <b>November 15<sup>th</sup></b>	After <b>November 15<sup>th</sup></b>	Amount Remitted
IEEE Member	\$ 275	\$ 325	\$ _____
Non-IEEE Member	\$ 325	\$ 375	\$ _____
Student IEEE Members*	\$ 150	\$ 200	\$ _____
Student*	\$ 175	\$ 225	\$ _____

(\* Need some proof and please post to the address below)

**ADVANCED REGISTRATION MUST BE RECEIVED BY November 15**

**ADDITIONAL PAYMENTS IN \$ (US):**

Additional papers registration fee	_____ paper (s) x \$ 50	\$ _____
Extra page (max. 2 per paper)**	_____ page (s) x \$10	\$ _____
Additional CD-ROM Conference Proceedings	_____ copies x \$50	\$ _____
Reception admission fee for spouses and guests	_____ x \$ 100	\$ _____
Workshop/Tutorial on 10th,11 <sup>th</sup> December 2008	_____ x \$ 75	\$ _____
One-day tour	_____ .x \$ 100	\$ _____

**TOTAL REMITTED** ..... \$ .....

(Hotel Accommodations/reservations are not included in conference registration)

**METHOD OF PAYMENT**

I have ordered a wire transfer/Bank Draft to: **SAMPATH BANK, Branch: Piliyandala.** Address of the Bank Branch: **No 61, Moratuwa Road, Piliyandala, SRI LANKA.** For the account name of : **"ICIAFS2008"**, Account No: **001960000230.** Attached a copy of the Wire Transfer or Bank Draft receipt with your registration form (Bank Swift Code: **BSAMLK LX** ).

Visa  Master

Credit card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's name \_\_\_\_\_ Authorized signature \_\_\_\_\_

**Post Under Registered Mail to:** Dr. Rohan Munasinghe  
 Dept. of Electronics & Telecom. Engineering  
 University of Moratuwa  
 Moratuwa 10400  
 Sri Lanka

Fax.: +94 - 11 -2 650622

**OR** email your signed soft copy of this form to: Dr. Rohan Munasinghe < rohan@ent.mrt.ac.lk >  
 ICIAfS 2008, Colombo, Sri Lanka