



The 29th International Conference on Microelectronics Registration Form

Participants Information

First Name: _____
Family Name: _____
Organization: _____
Address: _____
Postal code: _____ City: _____
Country: _____
Telephone: _____ Mobile: _____
E-mail: _____
Registration Fees: _____

Contribution Details

Paper Id: _____
Paper Title: _____
Authors: _____
If you have more than one paper please state the IDs: _____
Presenter Name: _____
Email: _____
IEEE Membership #: _____

Deadline: Registration must be e-mailed no later than **October 18, 2017 Midnight GMT.**

() Please return by e-mail with the payment receipt to: icm2017@aul.edu.lb*

() Conference Registration fees include attendance of all sessions and tutorials, coffee breaks, 2 lunches, conference bag and material, and 1 banquet dinner ticket.*

() All bank charges have to be paid in addition to the registration fees.*

() The registration fee does not cover the cost of accommodation, which must be borne by the participant.*

Date: ____/____/____

Signature: _____