



Conference 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 **November 20, 2016 Midnight GMT.**

(* Please return by e-mail with the payment receipt to: icm2016@nu.edu.eg

(* Author registration fees include: the conference electronic version of the proceeding, admission to all technical sessions and posters, lunches and coffee breaks.

(* 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: _____