

WAIM'2005

The Sixth International Conference on Web-Age Information Management

Hangzhou, China

11 - 13 October 2005

CONFERENCE REGISTRATION FORM

Forms must be faxed or postmarked by **23 July, 2005** to qualify for the early registration rate.

Conference registration includes admission to conference, copy of proceedings, coffee breaks, lunches, reception on **October 11**, and the banquet on **October 12**.

Accompanying person registration includes lunches, reception on **October 11**, and the banquet on **October 12**.

Payment must accompany this registration form in order to be processed. **At least one author per paper must make registration by July 23, 2005.** Otherwise, the paper will not be included in the proceedings.

If you are paying bank draft/money order, mail the form with Payment to:

Jiang Haiying (WAIM2005 Registration)
16/F.,No.1 Building,Chang An Mansion
1001 Chang An Road, Shanghai, China, 200070

If you are paying by credit card or bank transfer, fax this form to: +86 21 6317 5325

Questions related to registration?

Please call +86 21 6353 7601

or email: WAIM05@yahoo.com.cn

Title: _____ Surname: _____

Given Name: _____

Name for Badge: _____

University/Organization: _____

Address: _____

Country/Region: _____

Email: _____

Phone: _____ Fax: _____

I would like vegetarian meals.

Special Needs _____

Conference Registration Fees: (Paper-ID_____if author)

Register before and on **23 July:** **US\$ 350**

Register after **23 July:** **US\$ 400**

Payment computation:

Conference Registration Fee \$ _____

Extra Proceeding Pages: \$100 × __ pages \$ _____

Accompanying person: \$80 × __ persons \$ _____

Guest banquet/reception: \$30 × __ tickets \$ _____

Guest lunch ticket: \$10 × __ tickets \$ _____

TOTAL FEES ENCLOSED: \$ _____

Payment Method:

Bank Draft/Money Order

Mail with this form to the address shown left.

Credit Card

Your signature indicates your agreement to pay the fees with the credit card number provided:

Type of Card: Visa Master Card

Card No. _____

Expires ____/____

Holder's Signature: _____

Bank Transfer

Please deposit fees to the following bank (US\$ only).

Account Number: 4563 5108 0001 4650 898

Beneficiary's name: JIANGHAIYING

Bank: Bank of China

Branch: Shanghai Branch, Yuyuan Road Sub-Branch

Address: No.1208 Yuyuan road,Shanghai,China.

Swift Code: BKCHCNBJ300

For: (WAIM2005 Registration)

Signature: _____

Date: _____