

# WOLTE-9

Ninth International Workshop on Low Temperature Electronics



Guaruja, SP, Brazil  
June 21-23, 2010

## Conference Registration Form

Please complete and return this form by fax, mail or e-mail to:

Dr. Michelly de Souza

Centro Universitario da FEI  
Departamento de Engenharia Eletrica – K5-05  
Av. Humberto de Alencar Castelo Branco, 3972  
09850-901 - Sao Bernardo do Campo – Brazil

FAX: +55 11 4353-2910

michelly@fei.edu.br

Name to appear on badge:	
Last name, First name, Middle Initial:	
Institution / Department:	
For <u>Student Registration</u> , give school attending & graduation year (Please, attach a copy of the student ID to this form):	
Mailing address:	
City/State/Zip Code/Country:	
Telephone number:	Fax number:
E-mail address:	

<b>Registration Fees:</b>	By April 16, 2010	After April 16, 2010	
Professional IEEE or SBMicro Member	<input type="checkbox"/> US\$ 300.00	<input type="checkbox"/> US\$ 400.00	US\$ _____
Professional Non Member	<input type="checkbox"/> US\$ 340.00	<input type="checkbox"/> US\$ 440.00	US\$ _____
Student IEEE or SBMicro Member	<input type="checkbox"/> US\$ 150.00	<input type="checkbox"/> US\$ 200.00	US\$ _____
Student Non Member	<input type="checkbox"/> US\$ 190.00	<input type="checkbox"/> US\$ 240.00	US\$ _____

**Conference Dinner:** (Professional Registration includes one ticket for Conference Dinner)

Conference Dinner additional ticket(s) \_\_\_\_\_ @ US\$ 60.00 ea. = US\$ \_\_\_\_\_

**Total:** US\$ \_\_\_\_\_

### **CREDIT CARD INFORMATION – VISA ONLY**

I authorize and recognize this debit in my credit card account.

Card number	<input type="text"/>		
Security number	<input type="text"/> (3 or 4 digits on rear side of Credit Card)	Exp. date	<input type="text"/> / <input type="text"/>
Name as it appears on Credit Card _____			
Date	<input type="text"/> / <input type="text"/> / 2010	Cardholder's signature	_____