

Page1/2: ATTN: Dr. Azzedine Boukerche, Fax (613) 562-5664

11th ACM MSWiM 2008

11th ACM Symposium Modeling, Analysis and Simulation of Wireless and Mobile Systems

October 27-31 2008

Vancouver, BC, CANADA

MSWiM Main Conference NON Author ONLY Registration Form

Name of the author registering/attending the event:
Affiliation:
Address:
Telephone:
Fax:
E-mail:

MSWiM 08* Registration Charges Please check appropriate fees

Before September 5th After September 5th, 2008

<input type="checkbox"/> IEEE/ACM/ACM-SIGSIM member	US/CAN 480	US/CAN 580	
Valid IEEE/ACM Membership Number: _____			
<input type="checkbox"/> Non-member	US/CAN\$ 580	US/CAN 680	
<input type="checkbox"/> Student	US/CAN\$ 380	US/CAN 480	

Additional MSWiM'2008				
Proceedings (US/CAN 65 per copy)		X	_____	= _____
PE-WASUN08	Proceedings (US/CAN 45 per copy)	X	_____	= _____
WMuNep 08	Proceedings (US/CAN 45 per copy)	X	_____	= _____
Q2S-Winet08	Proceedings (US/CAN 45 per copy)	X	_____	= _____
MobiWac08	Proceeding (US/CAN 45 per copy)	X	_____	= _____
P2H2WN08	Proceeding (US/CAN 45 per copy)	X	_____	= _____
PS: Note that no refunds will be provided for any additional proceedings you have decided to purchase.				
Tutorials (US/CAN 140 per Tutorial)		X	_____	= _____
<input type="checkbox"/> Energy Aware Wireless Networks Tutorial				
<input type="checkbox"/> VANET Networks Tutorial				
Extra MSWiM Banquet (Dinner) (US/CAN 65) person			_____ x _____	= _____

Page2/2: ATTN: Dr. Azzedine Boukerche, (Cont'd)

To avoid any confusion- rewrite in this page your name: _____

Total Amount

(registration + proceedings + Tutorials) US/CAN _____

* The MSWiM'2008 symposium fees will cover attendance to MSWiM Technical sessions, reception, coffee breaks, All MSWiM Workshops, ONE MSWiM Symposium proceedings*, and a ONE Banquet (Dinner).

* **Note** that **MSWiM Author** registration fees does NOT Cover **Workshop Authors' Paper** registration fees. Workshop Authors *Must* Fill up the Workshop Author registration form separately for their workshop paper(s) to be included in the workshop proceedings.

Method of Payment

___ Check. All checks must be in U.S. or CAN dollars (US or Canadian Checks ONLY) and payable to " Dr. A. Boukerche (MSWiM '08) "

___ Bank-Draft, Travel/Postal Check, or International Money Order (\$CAN) and payable to " Dr. A. Boukerche (MSWiM '08) "

Send this Registration Form with your registration fees To:

ATT: Prof. Azzedine Boukerche
800 King Edward Avenue
SITE, University of Ottawa
Ottawa, ONT K1N-6N5, **Canada**
Tel: 613-562-5800 Ext 6712
Email: boukerch@site.uottawa.ca

You can fax your registration Form to:
Fax: (613) 562-5664
Make sure to write:
ATTN: Prof. A. Boukerche

Finance Chair (A. Boukerche) before you do so.

You can fax your registration Form to:
Fax: (613) 562-5664
Make sure to write:
ATTN: Prof. A. Boukerche

___ Credit Card: VISA/MasterCard **Only**

Type: ___ VISA ___ MasterCard

Expiration Date:

Credit Card Number:

Name:

(NOTE: as it appears in the Credit Card. PLEASE USE UPPER CASE letter-
We must be able to read your writing)

Signature:

Total Amount _____

Email address of the Contact Person:

Email:

IMPORTANT:

(1) REGISTRATION ACKNOWLEDGEMENT WILL BE SENT ONLY by the END of SEPTEMBER by email

(2) REGISTRATION FEES RECEIPTS WILL BE AVAILABLE During the Conference event and NOT Before.

Note: If You are paying using your Credit Card you must use CAN fees.
You will be charged using the CAN fees.

EIDOS Agency located in Ottawa, Canada will appear in your Bill statement. Please do not dispute the charges. If you have any questions, Please Contact the MSWiM08