

# 2008 IEEE International Symposium on Circuits and Systems (ISCAS 2008)

FAX TO: +1 312 604 7376

## ADDITIONAL REGISTRATION FORM

Pre-Registration Deadline  
February 15, 2008

If you are already registered to the conference and would like to add optional additional items, please check the "Registered" box and provide your registration number. Also provide your name and e-mail address.  
If you would like to only attend tutorials without registering for the conference, please check the "Tutorials only" box and complete the whole form.

Registered Registration Number \_\_\_\_\_  Tutorials Attendance Only

Title  Prof.  Dr.  Mr.  Ms.  Mrs.

First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last/Family Name \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail \_\_\_\_\_ IEEE Membership #: \_\_\_\_\_

Tel: + ( ) \_\_\_\_\_ Fax: + ( ) \_\_\_\_\_  
Country Code Area Code Number Country Code Area Code Number

Please let us know if you have any disability and/or any special dietary requirements:

Tutorials Fees						
Category	IF REGISTERING FOR ONE (morning or afternoon)			IF REGISTERING FOR TWO (morning & afternoon)		
	Before Feb 15	Before April 15	After Apr 15 & on-site	Before Feb 15	Before April 15	After Apr 15 & on-site
Member, IEEE; and non-member	\$200	\$225	\$250	\$300	\$325	\$350
Student member, IEEE; Student non-member; Life member; or Student registering papers	\$150	\$175	\$200	\$250	\$275	\$300

OPTIONAL ADDITIONAL ITEMS	Quantity	Amount	Subtotal
Additional Proceedings CD-ROM		65	
Additional Welcome Reception Ticket		50	
Additional Banquet Ticket		100	
Additional Farewell Party Ticket		50	
<b>Total Amount for Additional Items: \$</b>			

### TUTORIALS Please indicate below the tutorials you wish to attend. Please see above for each half-day tutorial fees.

Morning, Sunday May 18, 8:30 am - 12:00 pm		Afternoon, Sunday May 18, 1:00 pm - 4:30 pm	
<input type="checkbox"/> T01: Millimeter-Wave CMOS Circuits and Transceivers	<input type="checkbox"/> T07: Continuous-Time Delta-Sigma ADCs	<input type="checkbox"/> T02: Analog Front End Circuits for Medical Imaging	<input type="checkbox"/> T08: Clocking Analysis, Implementation and Measuring Techniques for High-Speed Data Links
<input type="checkbox"/> T03: Digital Microfluidic Biochips: Connecting Biochemistry to Integrated Circuits and Systems	<input type="checkbox"/> T09: Tradeoffs and Optimization in Analog CMOS Design	<input type="checkbox"/> T04: Synchronization Circuits for Multi-Clock Domain SoC	<input type="checkbox"/> T10: Sensor Networks: Technologies, Protocols, and Applications
<input type="checkbox"/> T05: Average-Value Modeling of Power Electronic Circuits and Systems	<input type="checkbox"/> T11: Spatial Multiplexing (SM) multiple-input multiple-output (MIMO) communication based on multiple antennae	<input type="checkbox"/> T06: Perception-based Visual Image and Video Processing	<input type="checkbox"/> T12: Hybrid CMOS/Nanoelectronic Circuits: Opportunities and Challenges

**CANCELLATION AND REFUND POLICY** Before April 15, 2008: 100% refunded less \$125 admin. fee. No refunds after April 15, 2008.

Please check  I have read and accepted the cancellation terms mentioned above and on the ISCAS'08 web site

#### METHOD OF PAYMENT - CHECK ONE ONLY

**By Bank Transfer** (must be net of all expenses)

Fax this form and you will be sent an e-mail with the necessary bank account details. Please provide us with a valid e-mail address.

**By Credit Card** Please circle one: MasterCard / VISA / AMEX

I authorize you to charge my credit card with the amount of US dollars: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's Name (In case the registrant is not the card holder, please also fax a copy of both sides of your credit card): \_\_\_\_\_

**ID validation number** (The last 3 digits of the number that can be found on the back side of your credit card): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ISCAS 2008 Registration  
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