

21st IEEE International Conference on  
**Methods and Models in Automation and Robotics MMAR 2016**  
29 August – 1 September 2016, Międzyzdroje, Poland

## REGISTRATION FORM

Please use a typewriter or block letters, tick as applicable and return the completed and signed Registration Form to the Conference Secretariat **by 24 June 2016**.

Surname: ..... Forename(s): .....

Company or Organization:  
.....

Title: Prof. / Dr / Mr. / Mrs./ Ms Paper(s) ID(s): .....

Billing address (the address that you want the invoice to be issued to):  
.....  
.....

Postcode: ..... City: .....

Country: .....

Your contact details:

E-mail: ..... Fax: .....

Phone: ..... IEEE Member No. ....

### Accompanying Person:

Surname: ..... Forename(s): .....

### 1. REGISTRATION FEE

a) basic rate (includes proceedings, lunches, banquet and all social events planned):

for IEEE or IFAC Members..... 1 400 PLN

for a Non-Member ..... 1 600 PLN

for students ..... 1 160 PLN

b) additional paper(s) rate ..... x 250 PLN = ..... PLN

(250 PLN for each extra paper; applies to authors with more than one paper, unless a co-author has also registered and paid the basic registration fee rate)  
number of extra papers

c) accompanying person charge ..... 615 PLN

(includes lunches, banquet and all social events planned)

2. Arrival date: ..... Departure date: .....

I will pay the registration fee:

- until 24 June 2016 .....

- after 24 June 2016 (additional 10% to be paid) .....

**TOTAL DUE ..... PLN**

### 3. METHOD OF PAYMENT

The registration fee will be paid by:

a) Bank transfer to the following account: .....

#### **Bank Zachodni WBK SA**

Bank address: **ul. Ślaska 43a, 70-952 Szczecin, Poland**

SWIFT code: **WBKPPLPP**, IBAN: **PL 02 1090 1492 0000 0000 4903 0242**

Account holder: **Zachodniopomorski Uniwersytet Technologiczny w Szczecinie**

Please quote **Participant's name** and Conference code **MMAR 2016** on money transfer.

**Please send a copy of the remittance to the Conference Secretariat!**

b) Credit Card:

VISA .....  MasterCard/ EUROCARD .....

Diners Club .....  JCB .....

Card Number ..... Expiry date .....

Name on card .....

I hereby authorize the MMAR Organizing Committee to charge my credit card account with the sum due indicated on page 1.

**I agree to making out the invoice without my signature.**

**My company's/university's NIP is: .....**

**I agree to process my personal data for the purpose of the MMAR.**

.....  
Date

.....  
Signature

**4. The contest for Young Author Best Paper Award of MMAR 2016 is going to be organized. Please tick the box below to be considered as a candidate.**

I would like to participate in the contest.....

#### PLEASE NOTE THAT

- Payments must be free of charge for the MMAR 2016 Organizing Committee.
- The paper(s) will be published in the Conference Proceedings if at least one of the authors pays registration fee **until 24 June 2016** and attends the Conference.
- Registrations cancelled on or before **15 July 2016** will be refunded subject to a deduction of 20% to cover administrative charges. No fees will be returned for cancellation requests received after that date.

MMAR 2016 Conference Secretariat  
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