



ISMA'09

Sixth International Symposium on Mechatronics and its Applications
 March 23-26, 2009

American University of Sharjah
 P.O. Box 26666, Sharjah, UAE
 Sharjah, United Arab Emirates

REGISTRATION FORM

THE REGISTRATION FEES FOR THE SIXTH INTERNATIONAL SYMPOSIUM ON MECHATRONICS AND ITS APPLICATIONS (ISMA09) ARE AS FOLLOWS:

Conference	Early Registration Fee before 23 February 2008	Standard Fee Feb. 23 to March 5, 2009
Regular Participant (author)	\$450	\$500
Each additional paper	\$225	\$250
Students	\$150	\$150

In order for your accepted paper(s) to be published in the proceedings and IEEE Xplore you must register no later than March 5, 2009.

THE REGISTRATION FEE CAN BE PAID AS FOLLOWS:

BANK TRANSFER	Transfers should be made payable to the "American University of Sharjah," account number 0029-200170-001, Swift Code NBSHAEAS, at the Sharjah Islamic Bank, Sharjah, UAE. <u>Include on the transfer details the delegate's name(s) and ISMA09 {#ISMA09}.</u>
PERSONAL CHECK	Personal checks will only be accepted in UAE Dirhams (AED) and if drawn on banks located within the UAE. All checks should be made payable to the "American University of Sharjah" and sent to the American University of Sharjah, Attention: Finance Department, P.O. Box 26666, Sharjah, UAE. <u>Include on the back of the check the delegate's name(s) and ISMA09 {#ISMA09}.</u>
CREDIT CARD (paid via written authorization)	Payments can also be made through a credit card (Master Card, Visa, Diner's Club or AMEX) by filling out the credit card charge authorization form (below) and faxing this form to the Finance Department, fax number +(971) 6 515 2190. Debit cards are not accepted.

I authorize the American University of Sharjah to charge an amount of AED _____ to my credit card (details mentioned below) for the ISMA09 registration fee.

NAME OF CREDIT CARD HOLDER: _____

SIGNATURE: _____

AFFILIATION: _____

CREDIT CARD TYPE: (VISA, MASTER CARD, ETC.) _____ **EXPIRY DATE:** ____/____/____

CREDIT CARD NUMBER: _____ - _____ - _____

UAE TEL. NO. (____) _____ **OTHER TEL. NO.** (____) _____

FAX NO. (____) _____ **DATE:** _____

AUTHOR'S NAME: _____ **ABSTRACT ID #: {#ISMA08}** _____

E-MAIL ADDRESS: _____

PLEASE CHECK HERE IF YOU ARE A STUDENT AND ATTACH A COPY OF YOUR VALID STUDENT ID.

* At least one author has to register by 5th of March to be included into the program