

Online registration form

Conference registration and optional online payment.

1

Last name*

First name*

University/Company*

Address

City

**Personal
data**

Zip code

State

Country*

Phone

Fax

Email*

2

INVOICE HEADING:

University (please do not add 20% VAT)

Myself/company (please add 20% VAT)

University or Surname/Name*

Full Address*

Postal code*

**Invoice
Information** **City***

Country*

VAT number

**For Italian and EU participants, please indicate Place and
date of Birth**

3

Conference registration

Conference registration type

Regular
ACM/IEEE member
Regular with Workshop
ACM/IEEE member with Workshop
Full time student

Registration to Workshop W1: yes no EUD for Services

Registration to Workshop W2: yes no Mind the Gap - Towards Seamless Remote Social Interaction

Registration to Workshop W3: yes no Computer Engineering, Fine Art and Design - At the Crossroads

Registration to Workshop W4: yes no Coupled display visual interfaces

Registration to Workshop W5: yes no Interactive Data Exploration and Knowledge Discovery

Registration to Tutorial T1: yes no Graph Visualization

Registration to Tutorial T2: yes no Usability Evaluation with Screen-reader Users: The Partial Concurrent Thinking Aloud Graph

Registration to Tutorial T3: yes no Intelligent Visual Interfaces: An Introduction

Number of extra tickets for the social dinner:

B/W extra pages (authors only):

Color extra pages (authors only):

Payment summary

4

Payment

AVI2010 Registration fee

€ _____

Workshops Registration fee

€ _____

Tutorials Registration fee

€ _____

Extra pages fee

€ _____

Extra tickets for the social dinner

€ _____

REGISTRATION TOTAL AMOUNT

€ _____

VAT (20%)

€ _____

FINAL AMOUNT

€ _____

Method of payment

Credit Card (secure online payment)

Bank transfer to Consulta Umbria S.r.l.

Please note:

- if you prefer to pay with a bank transfer, the coordinates are:
account number 000000136490 headed to Consulta Umbria S.r.l. -
BANCA MONTE DEI PASCHI DI SIENA -
AG. 4 - VIA BAGLIONI, PERUGIA
ABI: 1030 CAB: 3004 CIN: N
IBAN: IT 43 N 01030 03004 000000136490
Please send copy of the bank transfer.
- if you chose credit card online payment, you will be directed to the Banca Sella website using a SSL encrypted connection.

By submitting this form you accept the general conditions described in [general info](#), [workshop info](#) and [hotel info](#).

Hotel booking

1

**Hotel
booking**

Last name

First name

Email

AVI Registration Code

Hotel*

PALATINO****

TORINO****

GALLIA****

BLED***

EDERA***

Single rooms

Double rooms (single occupancy)

Double rooms

Arrival date*

Arrival time

Departure date*

No. of nights

Payment summary

TOTAL RESERVATION AMOUNT

€ _____

2

**Reservation
Guarantee**

Credit card type*

American Express

Eurocard

MasterCard

Visa

Card Number*

Holder*

Expiry date*

Card Security Code*

By submitting this form you accept the general conditions described in [hotel info](#).