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| --- | --- | --- | --- |
| Attendee’s Name |  | Sex | Male / Female |
| Affiliation |  | | |
| Paper ID |  | Preferred Presentation | Oral / Poster |
| Additional Paper ID |  | Preferred Presentation | Oral / Poster |
| IEEE Member | Yes / No | Membership ID |  |
| Student | Yes / No | Student ID |  |
| Extra Pages |  | Vegetarian | Yes / No |
| Payment Method | Paypal / Credit Card / Remittance | Total Charge |  |
| \* Invoice Title if Needed |  | | |
| \* Mail Address and Addressee of Invoice |  | | |
| Cell Phone Number |  | | |

\* Chinese is allowed if necessary