

# electronic IMAGING

Please complete one form per person and return by fax or email to:

IS&T

7003 Kilworth Lane, Springfield, VA 22151

Fax: +1-703-642-9094

Email: [registration@imaging.org](mailto:registration@imaging.org)

1. Paper Title(s): \_\_\_\_\_
2. Date of Birth (day/month/year): \_\_\_\_\_
3. Passport Number and Issuing Country: \_\_\_\_\_
4. Gender: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Full Name (the spelling of your name must match the spelling on your Passport):  
\_\_\_\_\_

Prefix: (Dr., Prof., Mr., Mrs., Ms.): \_\_\_\_\_

First (Given) Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last (Family) Name: \_\_\_\_\_

Check box if spelling of name is different than that used in papers submitted to this conference

8. Mailing Address where Invitation Letter should be sent:

Address Type:  Home Address (recommended)       Business Address

Business or University Name (leave blank for home address):  
\_\_\_\_\_

Department and/or Office Number (leave blank for home address):  
\_\_\_\_\_

Street Address (Number, Street, Apartment/Unit):  
\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

9. Phone Number \_\_\_\_\_

10. Fax Number: \_\_\_\_\_

11. Additional Information: \_\_\_\_\_

All letters will be sent by **email** (as a PDF attachment).

Check box if you need a hardcopy mailed to you.