 

Cognitive Radios and Networks: Theory and Practice

**REGISTRATION FORM**

**FIRST NAME: LAST NAME:**

**INSTITUTION:**

**POSITION: ( ) post-graduate student**

**( ) post-doctoral researcher**

**( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTRY:**

**E-MAIL:**

**PHONE:**

**ADDRESS:**

**PREFERED MEAL: REGULAR/VEGETARIAN**