

IGARSS 2024_Confirmation of Services

1 message

IGARSS 2024 <mail@eventsairmail.com>Wed, Apr 24, 2024 at 12:16 AM

Reply-To: IGARSS 2024 <igarss2024registration@convin.gr>

To: Anuvab Sen <sen.anuvab@gmail.com>

Cc: senanuvab7@gmail.com



Dear Mr. Sen,

Thank you very much for your interest in the **IGARSS 2024**.

Your registration confirmation number is 1662

Please find hereunder a summary of your selected services:

Your Registration

Registration Category	IEEE/GRSS Student Member (Advance Rate)
Name	Mr. Anuvab Sen
Amount Required	300.00
Amount Outstanding	0.00

Your registration entitlements are described in detail [on the Symposium website](#)

Other Services Selected

Service Name	Awards Banquet
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00

Service Name	Diversity in GRSS Luncheon (Formerly called Women in GRSS Luncheon) Wednesday 10 July, 2024
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Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	Full-Day Tutorials
Details	I will not participate in any of the Full-Day Tutorials
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	Greek Dancing Tuesday 9 July, 2024
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	GRSS Open House / Monday 8 July, 2024
Details	I will participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	Half-Day Tutorials Afternoon
Details	I will not participate in any of the Afternoon Half-Day Tutorials
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	Half-Day Tutorials Morning
Details	I will not participate in any of the Morning Half-Day Tutorials
Number of Tickets	1
Amount Required	0.00

Amount Outstanding	0.00
Service Name	IDEA Breakfast Thursday 11 July, 2024
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	Speed Mentoring Event Thursday 11 July, 2024
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	Welcome Reception
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	YP Breakfast Lecture 1 Tuesday 9 July, 2024
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	YP Breakfast Lecture 2 Wednesday 10 July, 2024
Details	I will not participate
Number of Tickets	1
Amount Required	0.00
Amount Outstanding	0.00
Service Name	YP Mixer Tuesday 9 July, 2024
Details	I will not participate
Number of Tickets	1

Amount Required	0.00
Amount Outstanding	0.00

You have also stated:

Abstract	ABSTRACT NUMBER : #3647 PAPER TITLE : 'HBO-DEVIT: VISION TRANSFORMER BASED ATTENTION-GUIDED EVOLUTIONARY ARCHITECTURE FOR SHIP-ICEBERG CATEGORISATION IN ARCTIC SAR IMAGES'
Are you interested in sharing your perspectives on diversity and inclusion by participating in our brief survey?	Yes
Collection of personal data	Yes
Country of origin	India
Date of birth	Wednesday, Oct 30, 2002
Do you want your pronouns (indicated above) printed on your name badge?	Yes
Do you wish to receive a printed Symposium program?	No
Financial Documentation	Receipt
Full address (residence)	CA-229, Sector 1, Salt Lake City, North 24 Parganas,
How did you learn about the conference?	Internet
How did you learn about the conference?	Colleague
I agree with the terms & conditions	True
I grant permission to the Organisers to use my email address for sending me a post-Symposium	Yes

email blast	
May we share your name, email address, company and demographic data with our exhibitors?	I consent to IEEE sharing my contact and demographic information with the exhibitors of IGARSS 2023
No accommodation needed	I intend to book accommodation later
Passport date of issue	Monday, Aug 17, 2020
Passport expiry date	Friday, Aug 16, 2030
Passport issuing authority	The Ministry of External Affairs (MEA), India
Passport number	U5062542
VISA Invitation Letter	True
What is your age?	Younger than 25
What is your employment or professional affiliation? Please check all that apply	Academia
What is your gender identity? Please check all that apply.	Man
What pronouns should people use to refer to you? Please check all that apply	He/him/his
Which of the following best describes you? Please check all that apply	South Asian (e.g., Indian, Pakistani, Bhutanese, etc.)
Would you like to use a Family and/or a Lactation room during the Symposium?	No, I will not need a Family and/or Lactation room
Total amount of all selected services	
Total Amount Required	300.00
Total Amount Outstanding	0.00

If you performed a credit card payment, you will find your proof of payment attached to this e-mail.

If you have chosen to pay by bank transfer, please find below relevant account details:

*BANK NAME: EUROBANK

BANK BRANCH: [No 053 - A. Papandreou 2A](#), T.K. 15127, Melissia, Attiki, Greece

ACCOUNT NUMBER: 0026 0400 130 2000 11474

IBAN: GR 090 2604000000130200011474

BIC: ERBKGRAA

ACCOUNT HOLDER: CONVIN SA

BANK CHARGES: Responsibility of the payer

PAYMENT REFERENCE: **IGARSS 2024 & "DELEGATE'S NAME"**

As soon as the sum is transferred to our bank account, you will receive a receipt of payment. This process usually takes 5-7 working days.

If you have not chosen a hotel yet, you should keep in mind that **July is a busy time in **Athens**, so be sure to book your accommodation well in advance.**

To make any future changes (additions or payments) related to your services please follow the link to your personalized [IGARSS 2024 Services Booking Form](#)

Kindly note that you have the absolute right to alter your data privacy selection whenever you wish by revisiting your personalized link above.

We remain at your disposal for any further information or clarification you may require.

Kind Regards

Professional Congress Organiser



CONVIN S.A.

[Kosta Varnali 29](#)

15233 Chalandri, Athens

Tel: 0030 2106833600

email: igarss2024registration@convin.gr

url: <http://www.convin.gr>





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