COPYRIGHT FORM

- Please signed it manually and return the signed form scanned in PDF format
- One signed copyright form is required for one paper. All authors should be indicated in the form. The corresponding author has to sign the form

Authors (in order of appearance on the paper) _____________________________
_____________________________________________________________________

Corresponding author __________________________
Corresponding author's email address __________________________

ID of the paper (if available) : _______________
Title of the paper ______________________________________________________
________________________________________________________________________

COPYRIGHT TRANSFER

The undersigned hereby assigns the rights of publishing the above work to the International Federation for Medical and Biological Engineering (IFMBE). The work, if accepted for publication, will be published in the IFMBE Proceedings Series. The undersigned (on behalf of all authors) hereby represents and warrants that the work is original and that he/she/they is/are the author(s) of the work.

Authors retain all proprietary rights in any process, procedure, or article of manufacture described in the work. Authors may reproduce or authorize others to reproduce the above work, material extracted verbatim from the above work, or derivative works for the author’s personal use or for company use without a request for permission from the IFMBE.

IMPORTANT! Submission of papers implies the authors’ willingness to register at the conference and present the paper(s). After a paper is accepted for presentation, one of the authors must complete a registration form and pay the appropriate fees before the paper can be published in the Proceedings. One author registration will guarantee publication of one accepted paper; each additionally accepted paper associated with the same registration will be subject to a printing contribution. Please pay attention to the deadline.

Date ___________________________ Signature ___________________________

Date ___________________________ Signature ___________________________