

Detailed Submission Form

Submission of a Contribution - Step 1

Please complete the form below in order to submit your contribution. All fields marked with an asterisk (*) must be filled in. The next steps will allow you to preview your submission, upload files to the server (if required), and to save your submission.

Main Information on the Contribution						
Submitting Author		John Doe (User ID: 100)				
Submission Track		Abstract				
Author Information						
* Author(s)	First & Middle Name	Last Name	E-Mail	Org. Index	Presenting Author	
	1 John	Doe	john_doe@sampleaddress	1	<input checked="" type="checkbox"/>	
	2 Carla	Coe	carla_coe@sampleaddress	2	<input type="checkbox"/>	
	3				<input type="checkbox"/>	
	4				<input type="checkbox"/>	
	<div>Add Row <u>s</u> for More Authors</div>					
<p>Please list one author per line. If the contribution has several authors and different organizations, please put an index number of the authors' organizations in the right column. The index numbers have to match the line numbers of the organizations below. Several organizations per author may be separated by commas.</p>						
* Organization(s)	<div>1 Doe Industries, GB</div> <div>2 XOE Incorporated, ES</div> <div>Add Row <u>s</u> for More Organizations</div> <p>Please list every organization only once. The line number of the organization has to match the index listed above (behind the authors).</p>					
Submission Details						
* Title of Submission	<div></div>					
* Abstract	<div><div><div>BIU</div><div></div></div></div> <p>The abstract is limited to XXX words. Please wait for the text editor to load. The following browsers are supported: Internet Explorer 6 or later, Firefox, Opera 9 or later, Safari. JavaScript has to be enabled.</p>					

	If you encounter any problems, please contact the conference organizers.
* Topics	<div><input type="checkbox"/> Topic 1</div> <div><input type="checkbox"/> Topic 2</div> <div><input type="checkbox"/> Topic 3</div> <div><input type="checkbox"/> Topic 4</div> <div><input type="checkbox"/> Topic 5</div> <div>Please select the topic(s) from the list above that best suit your submission. This is to assist with the review process and the creation of the conference programme itself. Maximum number of topics to select: 3</div>
* Keywords	<div><input type="text"/></div> <div>Please enter up to five keywords for your contribution here, separated by commas.</div>
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Remark / Message to the Program Committee and Chairs	<div><div></div><div><div></div><div></div><div></div><div></div></div></div>
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