



REGISTRATION FORM

Name:										
Company/Affiliation:										
E-Mail Address:					Phone:					
Mailing Address:										
City: Ma			Mailing State/Province:							
Country: Mailing Postal Code:										
IEEE/IMS Member Numb	er (if appli	cable): _								
Dietary Restrictions:										
Are you an author?	Yes	No	Are you a Student?	Yes	No	If so:	Graduate	Undergraduate		

If you are an author, list your 10 digit EDAS paper number(s):

<u>Items</u> <u>Purchased</u> (Please Circle)	IMS M	ember	per IEEE Member		Non-Member		Student Non-Member		IEEE Student		IMS Student		Qty	Sub total
Conference Registration	Thru June 9	After June 9	Thru June9	After June 9	Thru June9	After June 9	Thru June 9	After June 9	Thru June 9	After June 9	Thru June 9	After June 9		
Registration	\$450	\$500	\$500	\$550	\$550	\$600	\$280	\$330	\$250	\$300	\$230	\$270		
Additional Paper for Publication	\$50													
Extra Items														
Additional Banquet Ticket	\$75													
Additional Lunch Ticket (Please indicate which days)	\$30/day Monday, Tuesday, Wednesday													
									Total					

Credit Card Type: VISA	MasterCard	American Express	Bank Transfer	
Name on Credit Card:		с	redit Card Number:	
Expiration Date:	Signa	ture:		