

Name:

Affiliation:								
E-Mail Address: Phone:								
Address:								
City:		Mailing State/P	ovince: Country:					
Mailing Postal Code	:		Institution VA	T Number (if ap	oplicable):			
IEEE Member Numb	er (if applicable)	:						
Are you an author?	Yes	No Are yo	ou a Student?	Yes	No If	so: Graduate	U	ndergraduate
If you are an author	, list your ten-dig	git EDAS paper nur	nber(s):					
Will you be attending				included in the	conference registr	ation fee.	Yes	No
Please list any dieta		, ,						
	. y resurections:							
<u>ITEMS</u> <u>PURCHASED</u>	IMS Member / IEEE Member		Non-Member		IEEE Life Member / Student		Qty	Subtotal
	Thru March 3	After March 3	Thru March 3	After March 3	Thru March 3	After March 3		
Full Conference Registration	\$645 / \$675	\$740 / \$780	\$875	\$955	\$270	\$325		
Tutorials Only	\$200							
Industry Day	\$270							
Additional Paper for publication	\$50							
			EXTRA	<u>ITEMS</u>				
Additional Dinner Ticket - Guest	\$75							
Additional Monday Lunch Ticket - Guest	\$30							
Additional Tuesday Lunch Ticket - Guest	\$30							
Additional Wednesday Lunch Ticket - Guest			\$3	30				
Additional Thursday Lunch			\$3	30				
Ticket - Guest			Total					
Payment Method:	Visa American Express				MasterCard Bank Transfer			
Name on Credit C	ard:							
CC# Exp. Date:					CCV (reverse side of card):			
Signature:								