



Registration



Contact Information

First Name _____ MI _____ Last Name _____

Prefix _____ (DR., MR., MS., ETC.) Suffix _____ (SR., PH.D., ETC.)

Badge Name _____ (DEFAULTS TO FIRST NAME & LAST NAME)

Badge Affiliation _____

Address _____

Address (cont'd) _____

City _____ State/Province _____ Postal Code _____

Country _____ Phone _____ Fax _____

Email _____ Sex: Male Female (FOR ROOMMATE MATCHING)

ACM Membership No. _____

The base registration fees include conference registration, hotel accommodations for the nights of Sunday through Tuesday, all meals, coffee breaks, conference proceedings, and a cdrom. Prices below are in US dollars. Additional nights at the hotel are \$210 Canadian and must be arranged on your own.

Base Registration	
<input type="radio"/> Non ACM Member	\$1090
<input type="radio"/> ACM Member (MUST SPECIFY ACM MEMBER NO.)	\$850
<input type="radio"/> Student Non ACM Member (REQUIRES VALID STUDENT ID AT CONFERENCE)	\$625
<input type="radio"/> Student ACM Member (REQUIRES VALID STUDENT ID AT CONFERENCE)	\$525
<input type="radio"/> Student Scholarship (WILL BE VERIFIED)	\$0

Additional Fees	
<input type="checkbox"/> Late Registration (RECEIVED AFTER SEPTEMBER 16, 2001)	\$150
<input type="checkbox"/> Single Room	\$220

Total	\$
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Additional Requests

- Non-smoking ADA Access Vegetarian Kosher
 Other _____

Roommate Request _____

Note: Both roommates must list each other to indicate mutual consent. If you do not list a roommate, one will be assigned to you.

Billing

Credit card: Visa MasterCard American Express

Full name on card _____

Card number _____ Expiration Month _____ Year _____

Cardholder signature _____

Check this box if your billing address is different from contact address above, and write your billing address in the fields below.

Address _____

Address (cont'd) _____

City _____ State/Province _____ Postal Code _____

Country _____ Phone _____ Fax _____

Mailing

Mail or fax your completed registration form to:

Geoff Voelker
Dept. Computer Science and Engineering
U.C. San Diego
9500 Gilman Drive, MC 0114
La Jolla, CA 92093-0114
USA

Fax: 1-858-534-7029
Email: voelker@cs.ucsd.edu

If you need to cancel your registration, a cancellation request must be received in writing before the start of the conference. A US\$50 cancellation fee will be charged. Mail cancellations to the above address.