EDP 2002

To register, please fax or mail this form with payment by 1April to:
IEEE Computer Society
EDP 2002 Registration
Dept. 6006
Washington, D.C.. 20042-6006
Fax +1-202-728-0884/Phone +1-202-371-0101 (Sorry, no phone registrations.)
Registration forms without payment will not be accepted.

Name:_____
❑ *Dr.* ❑ *Prof.* ❑ *Ms.* ❑ *Mr.* *Last/Family Name* *First Name* *MI*

Company: _____

Address:_____

City/State/Province/Zip/Country:_____

Daytime phone:_____ Fax:_____E-mail:_____

❑ Do not include my name, mailing/e-mail address, phone and fax numbers on the attendee list.
❑ Do not include my name and mailing address on a mailing lists.

IEEE/Computer Society Member Number:_____

Full-time student certification (have advisor sign):_____

Please advise us if you have any special needs:_____

CONFERENCE REGISTRATION: Registration includes admission to all technical sessions, conference reception, breakfasts, luncheons, refreshment breaks, and a banquet.

Advance (received by 1 April)		*Late/On-site (received after 1 April)*	
❑Member:	U.S. $250	❑Member:	U.S. $300
❑Nonmember:	U.S. $325	❑Nonmember:	U.S. $380
❑Full-time student:	U.S. $175	❑Full-time student:	U.S. $200

TOTAL ENCLOSED:_____
Please make checks payable to: IEEE COMPUTER SOCIETY. All checks must be in U.S. DOLLARS drawn on U.S. BANKS. Credit card charges will appear on statement as "IEEE Computer Society - Registration." Written requests for refunds must be received at the above address before **8 April**. Refunds are subject to a US $50 processing fee.

METHOD OF PAYMENT:
_____Personal Check _____Company Check _____VISA _____MasterCard
_____American Express _____Diners Club

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____Signature:_____