

**PAYMENT INFORMATION:** [Please tick the relevant box below as appropriate]

<b>Registrations Fees</b>	<b>On or Before May 17, 2004</b>	<b>After May 17, 2004</b>
ACM Member	US\$295 <input type="checkbox"/>	US\$340 <input type="checkbox"/>
Non-ACM Member	US\$350 <input type="checkbox"/>	US\$395 <input type="checkbox"/>
Student	US\$150 <input type="checkbox"/>	US\$195 <input type="checkbox"/>

Payment Method (check one):  Cheque  Money Order  Credit Card

Cheque or money order must be made payable in US\$ to: ACM NOSSDAV 2004.  
For credit card transactions please fill out the information below:

Credit Card (check one):  Visa  MasterCard  American Express

Credit card number:

Expiration Date:

Name on the credit card:

Total Charges Authorized (see chart above):

Signature:

Please note that any credit card information you fax or send via physical mail will be entered on-line into a secure payment server for processing. Signing above also indicates your approval of this transmission.

**VISA INFORMATION:** If you require a VISA to enter the Republic of Ireland, we can issue a letter of invitation to attend the Workshop. If you request this letter please tick here . The letter will be mailed to the address given on your form.

**NAME BADGES:**

Please state precisely how you wish your name to appear on your conference name badge below.

Name Badge

For further information please contact the program chairs:

**Professor Cormac Sreenan and Dr Venkat Padmanabhan**

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**Office Use Only**

**Date Received**

## **NOSSDAV 2004 Registration Form**

You may register by filling the registration form below and submitting it via regular mail or fax.

<p><b>Prof. Cormac Sreenan</b> Attn: NOSSDAV Registration Department of Computer Science University College Cork Ireland</p>	<p>Email: <a href="mailto:a.obrien@cs.ucc.ie">a.obrien@cs.ucc.ie</a> Voice: +353-21-490-2711 FAX: +353-21-490-3978</p>
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First Name:

Last Name:

Affiliation:

Email:

University/College Street Address:

### **Home Billing Address for Credit Card Transactions:**

Street Address:

City:            State/Province:

Zip/Postal Code:            Country:

### **Your Further Contact Details:**

Telephone:            FAX:

ACM Member? Yes  ACM #:            No

Full-time Student?  Yes  No [Students must supply evidence of student status (e.g. student ID) at the workshop]

DIETARY RESTRICTIONS: Vegetarian Other (specify): \_\_\_\_\_