



# IWLS 2003 Registration Form



Attention: Ms. Lyz Knight  
FAX Number: 1-412-268-2859

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company/University \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

(Workshop registration cannot be processed without a correct email address)

I certify that I am an ACM member.

\_\_\_\_\_ member# \_\_\_\_\_

I certify that I am an IEEE member.

\_\_\_\_\_ member# \_\_\_\_\_

I certify that I am a full time student.

\_\_\_\_\_ studentID \_\_\_\_\_

University \_\_\_\_\_

<i>Please circle amount</i>	On/Before 4/29/03	After 4/29/03	On-Site
IEEE/ACM Member	\$475	\$570	\$570
Non-Member	\$620	\$750	\$750
IEEE/ACM Student Member	\$350	\$420	\$420
Student Non-Member	\$455	\$510	\$510

Credit Cards:  VISA  MASTERCARD  AMEX. Amount: \_\_\_\_\_

Card No. \_\_\_\_\_ Exp.Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Signature \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to pay the total amount according to the card issuer agreement.

Meal Preference:  Vegetarian  Non-Vegetarian