



IWLS 2003 Registration Form

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

Company/University	First Name			
City & State Zip Country Phone Fax Email	Last Name			
City & State Zip Country	Company/University $_$			
Zip	Address			
Zip				
Phone	City & State			
Certify that I am an ACM member.	Zip	_ Country	-	
Certify that I am an ACM member.	Phone	Fax	Email	
	(Workshop registration ca	nnot be processed without a	correct email address)	
Certify that I am an IEEE member.	I certify that I am	an ACM member.		
member# I certify that I am a full time student.			member#	
Certify that I am a full time student.	I certify that I am	an IEEE member.		
StudentID			member#	
### Please circle amount	I certify that I am	a full time student.		
Please circle amount On/Before 4/29/03 After 4/29/03 On-Sit 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:			_studentID	
Signature Date (mm/dd/yy):/	University			
Signature Date (mm/dd/yy):/				
Non-Member \$620 \$750 \$750 IEEE/ACM Student Member \$350 \$420 \$420 Student Non-Member \$455 \$510 \$510 Credit Cards:	Please circle amount	On/Before 4/29/03	After 4/29/03	On-Site
IEEE/ACM Student Member \$350 \$420 \$420 Student Non-Member \$455 \$510 \$510 Credit Cards:VISAMASTERCARDAMEX. Amount: Exp.Date (mm/dd/yy)://_ Name as it appears on the credit card: Date (mm/dd/yy)://	IEEE/ACM Member	\$475	\$570	\$570
Student Non-Member \$455 \$510 \$510 Credit Cards: VISA MASTERCARD AMEX. Amount:	Non-Member	\$620	\$750	\$750
Credit Cards:VISAMASTERCARDAMEX. Amount:	IEEE/ACM Student Mem	ber \$350	\$420	\$420
Card No Exp.Date (mm/dd/yy):/	Student Non-Member	\$455	\$510	\$510
Card No Exp.Date (mm/dd/yy):/				
Name as it appears on the credit card:	Credit Cards:VIS	AMASTERCARDAM	MEX. Amount:	
Signature Date (mm/dd/yy):/	Card No	Exp.	Date (mm/dd/yy):	_//
	Name as it appears o	n the credit card:		
I agree to pay the total amount according to the card issuer agreement.	Signature	Date (mm/dd/	/yy):/	
3 F-7 0000- 000000000000000000	I agree to pay the t	otal amount according t	to the card issuer ag	reement.
	Meal Preference:	VegetarianNon-	Vegetarian	