

Name: \_





## **REGISTRATION FORM**

Company/Affil	liation:														
E-Mail Addres	Phone:														
Mailing Addre	ss:														
City: Mailing State/Pro										_					
Country:	Mailing Postal Code:						_								
IEEE Member Number (if applicable):															
Dietary Restri	Dietary Restrictions:														
Are you an author? Yes			N	o Are	you a Student?		Yes	No	If so:	Gra	duate	Unde	ergradu	ate	
If you are an author, list your 10 digit EDAS paper number(s):															
Items Purchased (Please Circle)	IMS Member		IEEE Member		Non-Member		Student		IEEE Student		IMS Student		Qty	Sub total	
Conference Registration	Thru Sep 8	After Sep 8	Thru Sep 8	After Sep 8	Thru Sep 8	After Sep 8	Thru Sep 8	After Sep 8	Thru Sep 8	After Sep 8	Thru Sep 8	After Sep 8			
	\$370	\$440	\$400	\$470	\$555	\$615	\$250	\$300	\$220	\$270	\$200	\$250			
Additional Paper for Publication	\$50														
Additional	Extra It	Extra Items													
Banquet Ticket	\$75														
Additional Lunch Ticket (Please indicate which days)	\$30 (Wednesday, Thursday, or Friday)														
													Total		
Credit Card Type: VISA MasterCard American Express Bank Transfer															
Name on Credit Card: Cre							Credi	t Card Nu	mber: _						
Expiration Date: Signature:															