

IFCS 2004 / Chicago Registration Form

First Name _____ Last Name _____

Affiliation _____ E-mail address _____ @ _____ . _____

Street / P.O. Box Address _____

City _____ State _____ Postal code _____ Country _____

	<u>US\$</u>	<u>Subtotal</u>
MEETING REGISTRATION FEE		
IFCS Member	275	_____
Non-member (includes one-year CSNA membership)	355	_____
Student IFCS Member	150	_____
Student non-member (includes one-year CSNA membership)	170	_____
LATE FEE (if after 1-June-2004)	50	_____
SHORT COURSE REGISTRATION FEE *	50	_____
SATURDAY BANQUET FEES **	number _____ @ 50 per person	total = _____
SOCIAL PROGRAM FEE FOR ACCOMPANYING PERSONS ***	number _____ @ 75 per person	total = _____
TOTAL		=====

* Fifty dollars, whether for one or two courses. (Due to parallel scheduling it will be possible to take at most two courses).

** The conference banquet will be buffet-style.

*** Includes reception, cruise, picnic, whiskey tasting.

Payment

I have enclosed a check, drawn on a U.S. bank in U.S. funds, in the amount of US\$ _____

I wish to pay using my: Master Card Visa

Card Number _____ - _____ - _____ - _____ Expiration Date (mm/yy) ____ / ____

Please print your name as it appears on the card _____

Authorized Signature _____

Please send this form and your payment to S.L. Sclove, CSNA Treasurer, IDS Dept. (MC 294), University of Illinois at Chicago, 601 S. Morgan St., Chicago, IL 60607-7124, USA. FAX 312-413-0385. E-mail: slsclove@uic.edu