



Registration Form

Please fill in this form and **fax** it to: **+1-303-530-4334**

Note: Advance registration deadline: **August 16th**.

You can also mail this form to: MP Associates, Inc., 5305 Spine Rd., Ste A, Boulder, CO 80301.

Cancellations must be received by August 16th to register@mpassociates.com or address above.

Attendee's Info

First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Country _____
Phone# _____ Fax# _____
Email _____

If you DO NOT want your e-mail to be distributed to sponsors please check here ☐

Membership Status

I am a member of (check one) ☐ IEEE ☐ ACM ☐ IFIP WG 10.5
Individual memberships at the time of registration, no company memberships. Membership# required for membership rate.
Signature _____ Membership# _____
Not required for IFIP WG 10.5 members

I am a student member ☐ Student# _____
Students must be members of ACM/IEEE/IFIP. Student registration includes the conference banquet.

Registration Options

☐ CODES+ISSS Through Aug. 16: Member \$420; Non-member \$525; Student-member \$300
After Aug. 16: Member \$505; Non-member \$630; Student-member \$360
☐ Estimedia Through Aug. 16: Member \$180; Non-member \$230; Student-member \$140
After Aug. 16: Member \$220; Non-member \$280; Student-member \$180
☐ WASP Through Aug. 16: Member \$90; Non-member \$115; Student-member \$70
After Aug. 16: Member \$115; Non-member \$145; Student-member \$90

Vegetarian meal at the banquet ☐

Additional Proceedings

☐ CODES+ISSS Quantity _____ Member \$30; Non-member \$50
☐ Estimedia Quantity _____ Member and non-member \$25

CODES+ISSS Guest Banquet Ticket

☐ Banquet ticket Price \$95 Vegetarian meal at the banquet ☐

Payment Info

CODES+ISSS registration _____
Estimedia registration _____
WASP registration _____
Additional proceedings _____
Guest banquet ticket _____
TOTAL COST _____

Credit Card Type (check one) ☐ Visa ☐ MasterCard ☐ Amex
Card Number _____ Exp (mm/yy) ____/____

Name (if different from above) _____
Please print name as it appears on the credit card

Billing Address (if different from above) _____

Signature _____

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

Cash _____ Travelers Check _____ Check # _____
Make US checks payable to CODES+ISSS 2004.