



### REGISTRATION FORM

First/Given Name: \_\_\_\_\_ Last/Surname: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Mailing State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Mailing Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

IEEE Member Number: \_\_\_\_\_

Are you an author? YES NO 10 digit EDAS paper number(s):

Are you a Student? YES NO If yes: Graduate Undergraduate

\*Please list any dietary restrictions here: \_\_\_\_\_

| Items Purchased<br>(Please Circle)         | IMS Member     |              | IEEE Member    |              | Non-Member     |              | IEEE Life Member / Student IEEE or IMS Member   |              | Student Non-Member |              | Qty          | Subtotal |
|--|----------------|--------------|----------------|--------------|----------------|--------------|---|--------------|--------------------|--------------|--------------|----------|
|  | Through FEB 15 | After FEB 15 | Through FEB 15 | After FEB 15 | Through FEB 15 | After FEB 15 | Through FEB 15  | After FEB 15 | Through FEB 15     | After FEB 15 |              |          |
| Conference Registration                    | \$465          | \$565        | \$495          | \$595        | \$645          | \$745        | \$200   | \$250        | \$250              | \$300        |              |          |
| Additional Paper for publication           | \$50           |              | \$50           |              |                |              | Student and Life Member registrations <b>do not</b> cover the publication of a paper. |              |                    |              |              |          |
| Workshop Only                              | \$100          |              |                |              |                |              |   |              |                    |              |              |          |
| <b>Extra Items</b>                         |                |              |                |              |                |              |   |              |                    |              |              |          |
| Additional Conference Proceedings Download | \$50           |              | \$50           |              | \$60           |              |   | \$50         |                    |              |              |          |
| Additional Gala Dinner Ticket              | \$95           |              |                |              |                |              |   |              |                    |              |              |          |
| Additional Lunch Ticket                    | Monday \$35    |              |                | Tuesday \$35 |                |              | Wednesday \$35  |              |                    |              |              |          |
|  |                |              |                |              |                |              |   |              |                    |              | <b>Total</b> |          |

Credit Card Type: VISA MasterCard American Express Bank Transfer

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_