





REGISTRATION FORM

Name:										
Company/Affilia	ation:									
Mailing Addres	s:									
City:				Mailing State/Province:						
Country:E-Mail Address:				-						
IEEE Member	Number:									
Dietary Restric										
Are you a Student? Yes No				If yes: Graduate Undergraduate						
Are you an author? Yes No				If yes: 10 digit EDAS paper number(s):						
Items Purchased	IEEE Member		IMS Member		Non-Member		IEEE Life Member / Student		Qty	Subtotal
	Thru July 31	After July 31	Thru July 31	After July 31	Thru July 31	After July 31	Thru July 31	After July 31		
Conference Registration	\$575	\$675	\$545	\$645	\$675	\$775	\$275	\$375		
Additional Paper for publication	\$50									
publication			E	xtra Items						
Conference Proceedings Download		\$5	0	\$60		\$50				
Additional Conference Banquet	\$75									
Additional Lunch Ticket	\$30 (please specify which days)									
									Total	
Payment: VISA MasterCard				American Express Bank Transfer						
Name on Credi	it Card:				Credit C	ard Numbe	r:			
Expiration Date:					CCV:					
Signature:										