

REGISTRATION IEEE ELECTRO-INFORMATION TECHNOLOGY JUNE 7- 9, 2001

Please Print (Only one registration per form; duplicate as necessary.)

Circle one: Dr. Prof. Mr. Ms. Mrs.

Name _____

First

Last

University/ Business Affiliation _____

Mailing Address _____

City State Zip, Country _____

Phone () _____ FAX Number () _____

E-mail address _____

SPECIAL NEEDS: ‡ No red meat, ‡ Vegetarian, ‡ Please do not list my name on the Participant Roster, ‡ Motor/sensory impairment; please call (248) 370-2206 by May 26, 2001 or send email to: Ganesan@oakland.edu, about special needs.

REGISTRATION FEES:

U.S. Currency Only

| | Received on/before May 1, 2001 | Received after May 1, 2001 | Amt. Due |
|-------------------------------------|---|---------------------------------------|-----------------|
| IEEE Members, Membership Number: | \$300 | \$350 | \$ _____ |
| Non IEEE Members | \$350 | \$400 | \$ _____ |
| IEEE Student Student Number: | \$100 | \$100 | \$ _____ |
| Non IEEE Student | \$120 | \$120 | \$ _____ |

IMPORTANT INFORMATION REGARDING THE FRIDAY EVENING BANQUET:

Students and guests wishing to attend the banquet Friday evening are encouraged to do so, but must purchase a ticket. Tickets are necessary **only** for students and guests.

The banquet is included for participants paying full conference fees (\$300-\$400).

No. of banquet tickets needed _____ X \$35.00 = \$ _____

TOTAL AMOUNT DUE: \$ _____

PAYMENT METHOD: U.S. Currency only, please

‡ Enclosed is a check or money order payable to **Oakland University** in the amount of: \$ _____

Please charge my: ‡ VISA ‡ MasterCard ‡ Discover ‡

Account Number _____ Expiration Date _____

Authorized Signature _____

Enclosed is a copy of an institutional purchase order or supervisory letter of authorization.

Contact Name _____ Contact Phone Number _____

SEND YOUR COMPLETED REGISTRATION FORM AND PAYMENT TO: Professor Subra Ganesan, Department of Computer Science and Engineering, room 105, Dodge Hall, Oakland University, Rochester, MI 48309. PHONE (248) 370 2206; FAX (248) 370 4625.

FOR OFFICE USE ONLY

Cash _____ Credit Card _____ MO/Check # _____ Amount \$ _____

Date _____ Auth/Receipt # _____ Issued By _____