

CONFERENCE REGISTRATION FORM

ISCS 2000, 2 - 5 October 2000

Hyatt Regence Monterey, Monterey, CA

Please Print in Block Letters:

Dr. Mr. Ms. (Please circle one)

Last Name First Name

Affiliation

Address

City/State/ Postal Code/Country

E-mail

Phone (include area code) Fax

	Prior to 22 August	After 22 August
Member	\$445	\$525
Non-member	\$545	\$625
Member Studen	\$205	\$225
Non-member Student	\$245	\$265
Accompanying Person	\$125	\$150
One Day Registration	\$195	\$245

Payment

Registration Fee	\$ _____	\$ _____
Banquet	\$ _____	\$ _____
Accompanying Person	\$ _____	\$ _____
TOTAL ENCLOSED	\$ _____	\$ _____

Method of Payment

American Express MasterCard Visa
 Diners Club Check Enclosed

Account Number _____

Exp. Date _____

Cardholders 5-Digit Zip Code _____

Name as it appears on card _____

Signature _____

Make checks payable to IEEE/LEOS
Fax or mail this form to:
IEEE/LEOS
445 Hoes Lane, PO Box 1331
Piscataway, NJ 08854-1331
Fax: 732-562-8434