

IEEE International High Level Design Validation and Test Workshop

November 4-6, 2009

Grand Hyatt San Francisco, California

1 PRINT ATTENDEE INFORMATION (or affix business card)

First Name _____ Last Name _____ Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

2 MEMBERSHIP STATUS

I certify that I am an IEEE member _____ member# _____
signature

I certify that I am a full-time student _____ student# _____
signature

Membership # must be included at time of submission to receive the membership rate. No refunds will be made for change in membership status. This is for individual memberships only. This does not apply to company memberships.

3 REGISTRATION OPTIONS (required)

CONFERENCE REGISTRATION	Before Oct. 7	After Oct. 7
___ 1) Full Conference member IEEE	\$465	\$575
___ 2) Full Conference non-member	\$585	\$720
___ 3) Student member	\$295	\$370
___ 4) Student non-member	\$350	\$420
Additional banquet ticket for companion(s)	\$100	\$100
Extra copy proceedings	\$50	\$50

Conference registration includes CD-ROM proceedings and the banquet dinner, Thursday, November 5.

After October 23, 2009, faxed registrations will not be accepted in office – You MUST register on-site.

Make full payment in US dollars. Use a **check drawn on a US bank or a major credit card**. Make checks payable to **IEEE/HLDVT'09**. Purchase orders are not accepted.

HLDVT sends informational pieces to attendees. If you do NOT want to receive this correspondence check here. _____

4 PAYMENT INFORMATION (required)

Credit Cards: ___ VISA ___ MASTERCARD ___ AMEX

Card # _____ Sec. Code _____

Name _____ Exp. Date _____

Please print name as it appears on the credit card

Signature _____

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

Registration Fees \$ _____

Additional Companion: \$ _____

TOTAL COST \$ _____

Make checks payable to IEEE/HLDVT '09.

HLDVT'09

5 SUBMIT VIA FAX OR MAIL TO:

Make checks payable to: IEEE/HLDVT'09.

HLDVT '09
Attn: Registration Desk
1721 Boxelder St. Ste. 107
Louisville, CO 80027 USA

Fax registrations accepted with credit card payment only!

Phone Number: (303) 530-4562

Fax Number: (303) 530-4334

email: register@mpassociates.com

Refund Policy: Written requests for cancellations must be received on or before **October 7, 2009**, and are subject to a \$50.00 processing fee. Cancellations received after October 7, 2009, will NOT be honored and all registration fees will be forfeited. **After October 23, 2009, faxed registrations will not be accepted in office – You MUST register on-site. TELEPHONE REGISTRATIONS WILL NOT BE ACCEPTED! ANY REGISTRATION WITHOUT PAYMENT WILL BE DISCARDED!** If payment is received from a non-US bank, attendees will be charged a collection fee of \$45.00.