

SIGCSE 2001 REGISTRATION FORM

(on-line registration is available – see conference web site: <http://www.math.grin.edu/~sigcse/2001/index.html>)

Please **print** all requested information **clearly**.

Full Name _____

Name as you would like it on your badge _____

Company or school _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Daytime phone number _____

Home phone number _____ Fax _____

E-mail _____ ACM membership number _____

- Special services required _____
- Check here if you are attending the SIGCSE Symposium for the first time.
- Check here if you do not want your name included on attendee or e-mail lists made available to outside organizations.

Registration Type: ACM or SIGCSE member Non-member

Special Status Information: Student High School teacher

Registration Time: Advance (by 1/22) Late (1/23-2/18) On-site (after 2/18)

Financial Summary

Conference registration fee (from table on next page).....\$ _____

Workshop registration fees (from table on next page).....\$ _____

Please circle workshops you are registering for:

Half-day: 1 2 3 4 5 6 7 8 9 10 11 12 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Full-day: 13

_____ SIGCSE Membership @ \$25 (permits registration at member rates)\$ _____

_____ **Additional** tickets for Friday luncheon @ \$30 each\$ _____

_____ **Additional** copies of the Proceedings @ \$30 each\$ _____

(Note: one luncheon ticket and one copy of the proceedings are included with non-student conference registrations.)

Total Payment Due.....\$ _____

Payment Method

Check enclosed made payable to **ACM – SIGCSE 2001**

Charge my credit card: MasterCard Visa American Express

Card # _____ Expiration Date _____

Signature _____

Mail this form (and your payment) to: SIGCSE 2001 Registration, Department of Computer Science,
Campus Box 97, Rose-Hulman Institute of Technology, 5500 Wabash Avenue, Terre Haute, IN 47803-3999 USA