

ICDCS-2005 Registration Form (for Authors)
2005 International Conference on Distributed Computing Systems

REGISTRANT INFORMATION (please, print or type in English):

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Name	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Given name</td> <td style="width:50%; border:none;">Family name</td> </tr> </table>			Given name	Family name																		
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Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	IEEE Member No.																					
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Registration Fee	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;"></th> <th style="width:20%; text-align:right;">Amount Due</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><input type="checkbox"/> Registration (for conference and workshops)</td> <td>USD\$500 (IEEE member)</td> <td>\$</td> </tr> <tr> <td>USD\$625(Non member)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Publication fee (for additional papers by the same author)</td> <td>USD\$250 per additional paper</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Extra page charges</td> <td>USD\$150/page</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Scanning charges (if papers are not submitted electronically)</td> <td>USD\$10/page</td> <td>\$</td> </tr> <tr> <td></td> <td align="right">Total:</td> <td>\$</td> </tr> </tbody> </table>					Amount Due	<input type="checkbox"/> Registration (for conference and workshops)	USD\$500 (IEEE member)	\$	USD\$625(Non member)		<input type="checkbox"/> Publication fee (for additional papers by the same author)	USD\$250 per additional paper	\$	<input type="checkbox"/> Extra page charges	USD\$150/page	\$	<input type="checkbox"/> Scanning charges (if papers are not submitted electronically)	USD\$10/page	\$		Total:	\$
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Payment Method	<p><input type="checkbox"/> By check. Please complete this form and mail it along with a check in US Dollars that can be drawn on a US bank. Make the check payable to "ICDCS 2005". Please send this form and check to:</p> <p>Ms. Elizabeth O'Neill (oneill@cse.ohio-state.edu) Dept. of Computer Science and Engineering The Ohio State University 2015 Neil Avenue, Columbus, OH 43210-1277, USA Tel: +1-614-292-7084; Fax: +1-614-292-2911</p> <p><input type="checkbox"/> By credit card. You may also use a credit card for payment. Please fill out the credit card information, and then MAIL, EMAIL, or FAX this form to the above address.</p> <p>Please charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> America Express <input type="checkbox"/> Discovery</p> <p>Name of Cardholder: _____</p> <p>Credit Card No: _____ Expiration Date: _____</p> <p>Signature: _____ Date: _____</p>																						