

ICDCS-2005 Registration Form

2005 International Conference on Distributed Computing Systems

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

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												
Given name	Family name																
Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	IEEE Member No.															
Affiliation																	
Mailing Address																	
Email																	
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: center;">Amount Due</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><input type="checkbox"/> Regular Registration</td> <td style="text-align: center;">US\$500 (IEEE member)</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">US\$625 (Non-member)</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Student Registration</td> <td style="text-align: center;">US\$350 (IEEE member) US\$440 (Non-member)</td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">Total:</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>					Amount Due	<input type="checkbox"/> Regular Registration	US\$500 (IEEE member)	\$	US\$625 (Non-member)	\$	<input type="checkbox"/> Student Registration	US\$350 (IEEE member) US\$440 (Non-member)	\$		Total:	\$
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	US\$625 (Non-member)	\$															
<input type="checkbox"/> Student Registration	US\$350 (IEEE member) US\$440 (Non-member)	\$															
	Total:	\$															
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 style="margin-left: 20px;">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 style="margin-left: 20px;">Please charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discovery</p> <p style="margin-left: 20px;">Name of Cardholder: _____</p> <p style="margin-left: 20px;">Credit Card No: _____ Expiration Date: _____</p> <p style="margin-left: 20px;">Signature: _____ Date: _____</p>																