

## ICDCS-2005 Late/On-Site Registration (After 20 May 2005)

2005 International Conference on Distributed Computing Systems

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

<b>Name</b>	Given name _____ Family name _____																
<b>Title</b>	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	<b>IEEE Member No.</b>	_____														
<b>Affiliation</b>	_____																
<b>Mailing Address</b>	_____																
<b>Email</b>	_____																
<b>Registration Fee</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; 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\$600 (IEEE member)</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: center;">US\$750 (Non-member)</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Student Registration</td> <td style="text-align: center;">US\$420 (IEEE member) US\$530 (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\$600 (IEEE member)	\$ _____	US\$750 (Non-member)	\$ _____	<input type="checkbox"/> Student Registration	US\$420 (IEEE member) US\$530 (Non-member)	\$ _____		Total:	\$ _____
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<input type="checkbox"/> Student Registration	US\$420 (IEEE member) US\$530 (Non-member)	\$ _____															
	Total:	\$ _____															
<b>Payment Method</b>	<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: 40px;">Ms. Elizabeth O'Neill (<a href="mailto:oneill@cse.ohio-state.edu">oneill@cse.ohio-state.edu</a>)  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: 40px;">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: 40px;">Name of Cardholder: _____</p> <p style="margin-left: 40px;">Credit Card No: _____      Expiration Date: _____</p> <p style="margin-left: 40px;">Signature: _____      Date: _____</p>																