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  13  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