

Advance Registration Form

For On-line registration, see <http://www.acm.org/sigada/conf/sigada2000/registration.html>



Sponsored by ACM SIGAda
November 12 - 16, 2000

First Name (Dr/Mr/Mrs/Ms.) _____ Middle Initial _____ Last Name _____

Title _____

Badge Name (as you wish it to appear) _____

Organization/Affiliation _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail Address _____

Sponsoring or Cooperating Society & Member No. _____

You must provide your membership number above to qualify for discount. If you are not a member, join SIGAda and/or ACM now, and save money!

ACM & SIGAda Membership

- SIGAda Membership Only (non-ACM) \$25
- ACM Associate Membership (special rate) \$95
- Add SIGAda to ACM Membership \$25
- ACM Student Membership \$38
- Add SIGAda Student to
ACM Student Membership \$10

Total Membership Dues \$ _____

“To advance the sciences and arts of information processing, to promote the free interchange of information about the sciences and arts of information processing both among specialists and among the public, and to develop and maintain the integrity and competence of individuals engaged in the practice of information processing. As an ACM member, I subscribe to the purposes of ACM”.

Signature _____ Date _____

RATE SCHEDULE (circle the applicable fees)

	Member		Non-Member		Full-Time Student	
	On/Before Oct 20	After Oct 20	On/Before Oct 20	After Oct 20	On/Before Oct 20	After Oct 20
Conference - Three Days	\$400	\$550	\$550	\$700	\$50	\$50
Conference - Any One Day	\$250	\$250	\$250	\$250	\$50	\$50
<input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU						
Tutorials - Two Days	\$500	\$600	\$700	\$800	\$50	\$50
Tutorials - One Day or 2 Half Days	\$350	\$450	\$450	\$550	\$25	\$25

Tutorials are assigned first-come, first-served. Please circle the chosen tutorials in the Tutorial Selections box. Avoid scheduling conflicts.

TUTORIAL SELECTIONS OL

	(circle tutorial numbers)			
Sunday Full-day	SF1	SF2	SF3	SF4
	SF5	SF6	SF7	
Monday Full-day	MF1	MF2		
Monday Morning	MA1	MA2	MA3	MA4
Monday Afternoon	MP1	MP2	MP3	MP4

Conference: Includes entry to all conference sessions, exposition, Tuesday Evening Reception, and one copy of Proceedings.
 Conference - Any One Day: Includes entry to conference sessions, exposition, Tuesday Evening Reception, and one copy of Proceedings.
 Tutorials - Two Days: Includes tutorial sessions totalling 2 days, exposition, and a Full Tutorials CDROM.
 Tutorials - One Day: Includes entry to one full-day or two half-day tutorial sessions, exposition, and a Full Tutorials CDROM.

Cancellation Policy: Confirmed registrants who cannot attend, and do not send a substitute, are entitled to a refund of paid fees (less a \$50 processing fee) if a request is received in writing on or before October 20, 2000. Registrants are liable for their full fees after that date.

Those registered before 20 October 2000 will receive confirmation by fax or mail.

Mail Form with payment to:
ACM SIGAda 2000
C/O Thomas A. Panfil
REGISTRATION CHAIR
PO BOX 5210
LAUREL MD 20726-5210

Or Fax to: +1-301-604-3204

Faxed forms must include credit card payment information. Phone registrations are not accepted. For registration inquiries only, please call +1-301-498-7313 or e-mail: tapanfil@ieee.org

For additional information, visit our web site at: <http://www.acm.org/sigada/conf/sigada2000/>

Please return this form with full payment or it cannot be processed.

- Check payable to **ACM SIGAda 2000**
- Visa
- MasterCard
- American Express

PAYMENT COMPUTATION

Conference Fee \$ _____

Tutorials Fee \$ _____

Membership Dues \$ _____

Additional Proceedings: _____ copies x \$50 \$ _____

Additional Tuesday Evening Reception: _____ tickets x \$40 \$ _____

TOTAL FEES ENCLOSED \$ _____

PAYMENT OPTIONS

IMPORTANT: Your signature indicates your agreement to pay the conference fees with the credit card number you specified below. Please be advised that this transaction will be described on your monthly statement as a charge from ACM.

Card Nr. _____ Good Thru: _____

Cardholder's Name _____

Cardholder's Signature _____

Billing Address: _____
 (if different from above)

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HOTEL RESERVATIONS

A block of rooms has been set aside for SIGAda 2000 Conference attendees at the rate of **\$109 (USD)** single/\$119 double per night. Please identify your affiliation with SIGAda 2000 to receive this rate. We are fortunate to have the same low government rate for all SIGAda Conference Attendees. Rooms in this block will be available at this rate until October 23, 2000, after which the Conference rate or room availability cannot be guaranteed. Register early to obtain the Conference rate. Shuttles will be available between the hotel and the conference venue at APL. Please make your Hotel reservations directly with

The Sheraton Columbia Hotel 10207 Wincopin Circle Columbia, MD 21044
+1 (800) 638-2817 (US & Canada only) +1-410-730-3900 +1-410-730-2212 (FAX)