# Conference Registration Form

Please affix your mailing label and type or print clearly the additional required information. Photocopy additional forms if necessary.

**Full Name**

**Title**

**Organization or Affiliation**

**Address**

**City**

**State/Province**

**Zip/Postal Code**

**Country**

**Telephone**

**Fax**

**E-mail Address**

**ACM/SIGAda Member No.**

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## Conference Registration

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

- ACM Associate Member Dues: $87
- ACM Student Dues: $26
- SIGAda Membership Only (non-ACM): $48
- Add SIGAda to ACM Membership: $20
- Add SIGAda to ACM Student Membership: $10
- Total Membership Fees: $_____

*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**

**Make Checks Payable To:**

**ACM TRI-Ada '96**

**Mail To:**

TRI-Ada, PO Box 52300, Durham NC 27717-2300 Fax: 1-919-490-0663

For more information, call 1-800-338-3565 (in USA and Canada only) or 1-919-419-8242
e-mail 74117.35@compuserve.com
Web site: http://www.acm.org/sigada/tri-ada/

**NOTE:** Those registered before November 8, 1996, will receive confirmation, registration materials and hotel, sightseeing and discount travel information by mail.

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## PAYMENT OPTIONS

Please return this form with full payment or a copy of your Government PO or it cannot be processed. Mail or fax your registration form with credit card payment. Fees are payable to ACM TRI-Ada '96 by check, American Express, Visa or MasterCard.

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**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 November 8, 1996. Registrants are liable for their full fees after that date.
TUTORIAL REGISTRATION - Please check-off the day(s) for which you are registering

- TUESDAY
Select either one Morning & one Afternoon Session OR one Full-day Session
- Morning & Afternoon Tutorials - pick one of each
  - TU1 Software Reuse Metrics & Economic Models
  - TU2 Introduction to Open Systems
  - TU3 CoRE for Requirements

- Full Day Tutorial - select one
  - Full Day choices
  - TU8 Ada 95 for Ada 83 Programmers
  - TU9 Guaranteeing Real-Time Performance
  - TU10 Domain Engineering
  - TU11 Visual Ada 95 Development for WIN32

- SATURDAY - full-day tutorial - select one
  - SA1 OO Features & Programming in Ada 95
  - SA2 Ada & The Web
  - SA3 Introduction to Software Capability Maturity Model
  - SA4 Artificial Intelligence with Ada

CONFERENCE SESSION REGISTRATION
To help in planning the seating for the conference, please check off the sessions that you plan to attend each day.

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MAIL LIST USAGE - Check the following if you wish to restrict the use of your name for computer-related mailings:
- Any Mailing list (default)
- ACM announcements only (all SIGs)
- SIG-Ada use only
- No mail lists

HOTEL REGISTRATION FORM
Be sure to indicate you are attending Tri-Ada ’96 to obtain the special conference rates.
The room block will be held until November 1, 1996.
Philadelphia Marriott Hotel Conference Headquarters
1201 Market Street, Philadelphia, PA 19107
(215) 629-2900 Fax: (215) 629-6097
- Single $115.
- Double $135.
- Triple $155.
- Quad $175.
- Non-smoking room requested

Name
Position/title
Organization
Address
City ____________ State ____________ Zip ____________
Phone __________________ Fax __________________
Arrival Date ____________
Departure Date ____________
Expected time of arrival AM/PM

A limited number of economy rate rooms have been set aside for attendees at the following nearby hotel.
Holiday Inn Express
1305 Walnut Street (two blocks from the Marriott), Philadelphia, PA 19107
(215) 735-9300 Fax: (215) 732-2682
- Single $80.
- Double, Triple, and Quad $85.
- Non-smoking room requested

Credit Authorization
Name ____________________________
Arrival Date ____________________________ Arrival Time ____________
Credit card type
- American Express
- Master Card
- Visa
Credit Card Number ____________________________
Print name as it appears on the card ____________________________
Signature ____________________________

To avoid duplication, please do not mail in this form if you make your reservation by telephone or telefax. PLEASE MAKE SURE ALL INFORMATION IS COMPLETE.