

REGISTRATION FORM FOR SMP'05 (AND SMI'05)

First cut and paste PART I into an email message, fill in, and email to icss05-registration@deslab.mit.edu

Then, if you wish to pay by **check** in US \$ from a US bank, please print the filled PART I, include a check made to MIT-ICSS, and **mail** to:

Professor N. M. Patrikalakis
International Convention on Shapes and Solids
MIT Room 5-428
77 Massachusetts Avenue
Cambridge, MA 02139-4307, USA

If you prefer to pay by **credit card**, please fill also PART II and follow instructions below.

SPM-SMI REGISTRATION: PART I

Title (Mr, Mrs, Ms, Dr, Prof....): _____

First name (as you wish it on the badge): _____ Last (family) name: _____

Affiliation (Company/Lab/University, Department): _____

Email address: _____

URL of your home page (if you authorize us to disseminate it): _____

ACM membership #: _____ IEEE membership #: _____

Registration fees (please put a check next to the appropriate fee):

The two costs quoted are: BEFORE / AFTER the May 3, 2005 early registration deadline.

___ SPM only, for a student: \$200 / \$250

___ SPM only, for an ACM member: \$450 / \$550

___ SPM only, for a non ACM member: \$500 / \$600

___ SPM&SMI, for an IEEE or an ACM member student: \$375 / \$475

___ SPM&SMI, for a non IEEE member and non ACM member student: \$425 / \$525

___ SPM&SMI, for an ACM member: \$800 / \$1000

___ SPM&SMI, for a non ACM member and an IEEE member: \$850 / \$1050

___ SPM&SMI, 2005 for a non ACM member and a non IEEE member: \$950 / \$1175

Conference Dinner on Wednesday

Do you plan to attend the conference dinner: yes ___, no ___

Number of guests will accompany you at the dinner (additional cost: \$50 each): _____.

(Please indicate, for each choice of main course below, the total number of plates for you and your guests:

Main course: chicken ___, salmon ___, vegetarian ___

Total (registration fee plus guest dinners): \$ _____

Form of payment

Credit card: VISA ___ or MasterCard ___. By fax ___ or mail ___.

Check (in US\$ from a US bank): Cashier's check ___, Company check ___, Money order ___.

SPM-SMI REGISTRATION: PART II (CREDIT CARD PAYMENT)

For a credit card payment, please fill in and print PART I and PART II and either mail both parts to Dr. Patrikalakis at the address at the top of this form OR fax to +1-617-822-9471, c/o Marge Chrysosostomidis, ICSS 05 Convention Manager.

Full name as spelled on credit card: _____

Billing address used for the credit card:

Phone number: _____

Fax number: _____

Credit card number: _____

Expiration date: _____

Signature: _____