

2009 Conferences on Intelligent Computer Mathematics Registration Form

Please fill in and FAX to +1 519 661-3515

I. PERSONAL INFORMATION

First Name: _____ Last Name: _____

E-mail address: _____ Telephone: _____

E-mail again: _____ Fax: _____

Institutional affiliation: _____

Institutional mailing address: _____

Are you a full time student or post-doctoral fellow? (Yes or No) _____
You will be required to show proof of status at the conference.

II. REGISTRATION

You must pay the base registration PLUS the per-day registration fees.

IIa. BASE REGISTRATION:

	by June 5	by June 30	on Site
Student/Postdoc	CAD 175	CAD 400	CAD 400
Regular	CAD 325	CAD 400	CAD 400

Enter the correct base registration amount from the table: _____

IIb. PER DAY REGISTRATION:

	by June 5	by June 30	on Site
Student/Postdoc	CAD 30	CAD 50	CAD 75
Regular	CAD 50	CAD 50	CAD 75

Choose the days you are attending: July 6 7 8 9 10 11 12.

_____ (number of days) x _____ (Amount from table) = _____

IIc. Registration includes one banquet ticket.

How many extra banquet tickets do you need? _____ x CAD 45 = _____

IIId. Registration includes one proceedings.

How many extra proceedings do you need? _____ x CAD 96 = _____

Subtotal _____

Canadian Goods and Services Tax (5% of Subtotal) + _____

TOTAL = _____

III. PAYMENT

Please charge my credit card the amount CAD _____ (copy TOTAL).

Credit Card Type (choose one) VISA Mastercard

Credit Card Number _____

Expiration Date Month _____ Year _____

Signature _____