

# ICSE 99 Conference Registration Form

First Name \_\_\_\_\_ Name as preferred on Badge \_\_\_\_\_  
 Last Name \_\_\_\_\_ Sponsoring or Cooperating Society No.\* \_\_\_\_\_  
 Title \_\_\_\_\_ Affiliation \_\_\_\_\_ Dept/MS \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Rate Schedule	MEMBER RATES*			NONMEMBER RATES			STUDENT RATE**		
	Before	After		Before	After		Before	After	
<b>ICSE 99</b>	18 April	18 April		18 April	18 April		18 April	18 April	
Tutorial Full Day or 2 Half Days	\$300	\$360	\$ _____	\$375	\$450	\$ _____	\$ 75	\$ 90	\$ _____
Tutorial 1 Half Day	\$200	\$250	\$ _____	\$250	\$300	\$ _____	\$ 50	\$ 60	\$ _____
Tutorial 2 Days	\$450	\$525	\$ _____	\$565	\$665	\$ _____	\$100	\$120	\$ _____
Conference	\$390	\$490	\$ _____	\$485	\$610	\$ _____	\$ 75	\$ 90	\$ _____
Conference 1 Day <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	\$225	\$225	\$ _____	\$225	\$225	\$ _____			
Exhibit Hall Only	\$ 15	\$ 15	\$ _____	\$ 15	\$ 15	\$ _____	\$ 15	\$ 15	\$ _____
Workshops	\$120	\$120	\$ _____	\$120	\$120	\$ _____	\$ 50	\$ 50	\$ _____
Harlan D. Mills' Legacy Workshop	\$200	\$240	\$ _____	\$300	\$360	\$ _____	\$120	\$150	\$ _____
Doctoral Workshop							\$ 0	\$ 0	\$ _____
Additional Thurs. Fiesta Tickets	\$ 30	\$ 30	\$ _____	\$ 30	\$ 30	\$ _____	\$ 30	\$ 30	\$ _____
Proceedings	\$ 30	\$ 30	\$ _____	\$ 30	\$ 30	\$ _____	\$ 30	\$ 30	\$ _____
<b>SSR'99</b>									
Conference Registration	\$275	\$300	\$ _____	\$300	\$325	\$ _____	\$150	\$175	\$ _____
Professional Development Seminars	\$130	\$150	\$ _____	\$150	\$180	\$ _____	\$100	\$130	\$ _____
<b>Total Enclosed</b>							\$ _____		

Tutorial Selections (Circle Numbers)				Workshop Selections (Circle Numbers)				
Monday Full-day	TMF1	TMF2	TMF3	Sunday-Monday	WSM1			
Monday Half-day AM	TMA1	TMA2		Monday	WM1	WM2	WM3	WM4
Monday Half-day PM	TMP1	TMP2		Monday-Tuesday	WMT1	WMT2	WMT3	WMT4
Tuesday Full-day	TTF1	TTF2	TTF3	Tuesday	WT1	WT2 (special fee)		
Tuesday Half-day AM	TTA1	TTA2		Doctoral -Tuesday	WD			
Tuesday Half-day PM	TTP1	TTP2		Saturday Full-day	WSa1			
<b>SSR'99 Professional Dev. Seminars (Friday 4:15-7:45 pm --see <a href="http://ssr99.ifi.uni-klu.ac.at/ssr99/">http://ssr99.ifi.uni-klu.ac.at/ssr99/</a> for info.)</b>								
<b>(Circle Numbers)</b>				PD1	PD2	PD3	PD4	PD5

\* Your ACM, IEEE Computer Society, SIGSOFT, SIGPLAN, or SIGAda member number is required to qualify for discount member rates.  
 \*\*Full-time students must have proof of eligibility at registration.

### ICSE 99

Conference: Includes entry to all technical sessions, exhibits, receptions, coffee breaks, and one copy of conference proceedings.  
 Conference 1 Day: includes entry to one day of technical sessions, exhibits, reception if applicable, coffee breaks for one day, and one copy of conference proceedings.  
 Tutorials: Includes entry to chosen tutorial(s), luncheon(s), coffee break(s), and applicable tutorial notes.  
 Workshops: Includes entry to chosen workshop(s), luncheon(s), coffee break(s), and preprints of workshop position papers.

### SSR'99

Registration fee include refreshments at breaks, lunch on Sunday, one copy of SSR'99 Proceedings, and a welcome reception.

### Payment Options

Please return this form with full payment or a copy of your PO or it cannot be processed. Mail or fax your registration form with credit card payment. Fees are payable to **ICSE 99** by check, American Express, Visa, or MasterCard. (Please note that POs received but not paid by the early registration deadline do not qualify for the early registration discount.)

### Please make all checks payable in US dollars to ICSE 99 and mail to:

ICSE 99 c/o R.E. Abraham and Associates  
 3717-B University Drive, Durham, NC 27707, USA  
 For more information call +1-919-419-8242 - Fax: +1-919-490-0663

Cancellation policy: Confirmed registrants who cannot attend and who do not send a substitute are entitled to a refund of paid fees (less a \$50 processing charge) if a request is received in writing on or before 18 April 1999. Registrants are liable for their full fees after that date. All ICSE 99 attendees registered before 18 April 1999 will receive confirmation and preliminary registration information materials by mail.

Do you have any special needs? Please specify: \_\_\_\_\_  
 Check here if you do NOT want your address distributed.

MasterCard  Visa  American Express  
 Government PO (please note charges will appear on your bill as R.E. Abraham & Associates)

Cardholder \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Cardholder Address \_\_\_\_\_