

SAC2002 REGISTRATION FORM

Symposium on Applied Computing, 10 –14 March 2002, Universidad Carlos III De Madrid, Madrid, SPAIN

Please type or print VERY neatly

First name: _____ Last name: _____

As you would like your name on the badge: _____

Company or Institution: _____

Address: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ FAX: _____ Email: _____

Special services required: _____

Conference Registration

Circle appropriate fee (all fees are in US Dollars); **registration must be received by 11 February 2002.**

	*Member Early/Late	Non-member Early/Late	**Full-time Student Early/Late
SAC'2002 Symposium (Monday thru Thursday)-----	310/385	350/410	80/100
SAC'2002 Symposium (Single day only, Circle, M, Tu, W, Th)-----	100/125	120/160	30/40

Tutorials (select at most one morning and one afternoon session, or one full-day session. Tutorials are listed on the SAC 2002 web page – <http://www.acm.org/conferences/sac/sac2002/>):

Monday morning session

Tutorial (Specify tutorial code) _____ 130/165 165/190 40/50

Monday afternoon session

Tutorial (Specify tutorial code) _____ 130/165 165/190 40/50

Monday full-day session

Tutorial (Specify tutorial code) _____ 240/280 310/335 80/90

*Members must be either ACM or SIGAPP members. The ACM membership ID must be provided with the registration.

ACM membership ID: _____

**Students must be full time students at an accredited institution and not be presenting a paper.

A Wednesday night banquet ticket is included in the symposium registration fee. Additional banquet tickets may be purchased at \$50 per person.

Payment Summary

SAC 2002 registration fee \$ _____

SAC 2002 tutorial fees \$ _____

All registrants receive printed Proceedings;

Extra copy of Proceedings (\$100) \$ _____

Extra luncheon tickets (@\$20 per person – specify Tu, W, Th) \$ _____

Extra Wednesday night banquet tickets (@\$50 per person) \$ _____

Total payment enclosed \$ _____

Payment method:

_____ Check enclosed made payable to ACM/SAC 2002

_____ Charge my credit card (circle one): Master Card Visa American Express

Card#: _____ Expires: _____

Print name on card (if other than above): _____

Signature of cardholder: _____

Mail this form (and your registration payment) to: SAC Registration, c/o Don Morton, Dept. of Computer Science, The University of Montana, Missoula, MT 59812, USA, email morton@cs.umt.edu.

For hotel reservation and other activities see the SAC2002 Web page <http://www.acm.org/conferences/sac/sac2002/>.

Cancellation Policy

By 11 Feb 2002 – 100% refund

By 18 Feb 2002 – 75% refund

By 25 Feb 2002 – 50% refund

After 25 Feb 2002 – no refund