

COMPSAC 2004 REGISTRATION FORM



The 28th Annual International Computer Software
and Applications Conference

COMPSAC 2004

Hong Kong, September 28 – 30, 2004



- To register, complete and fax or post this form with full payment to:

Dazhi Huang
Registration Chair

Arizona State University
Department of Computer Science and Engineering
Brickyard Suite #501
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Tempe, AZ 85281, USA

Fax: 1-480-965-2751
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Email: dazhi.huang@asu.edu

- Advance registration fee is applicable for registration received before **September 1, 2004**. Early registration is encouraged.
- Request for refund for cancellation of registration must be received before **September 1, 2004**. A service charge of \$100 will be deducted for each cancelled registration.

ITEM	RATE		AMOUNT
	Advanced Registration (before September 1, 2004)	On-Site Registration (after September 1, 2004)	
Conference/Workshops¹			
Members ²	US \$500.00	US \$600.00	US \$ _____
Non-Members	US \$625.00	US \$750.00	US \$ _____
Student Members ³	US \$300.00	US \$360.00	US \$ _____
Each Additional Reception Ticket on September 27, 2004	US \$30.00	US \$35.00	US \$ _____
Each Additional Banquet Ticket on September 29, 2004	US \$35.00	US \$40.00	US \$ _____
Total Amount			US \$ _____

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1. Registration fee (including student registration fee) includes admissions to all technical sessions of the conference and workshops, a copy of the conference proceedings and workshop proceedings, coffee breaks, lunch for each day of the three-day conference, the pre-conference reception, and the dinner banquet.
2. IEEE Member or IEEE Computer Society Affiliate Member must include membership number in order to register at the member rate.
IEEE or IEEE Computer Society Affiliate Membership No. _____
3. Student must be IEEE Student Member in order to register at the student rate.
IEEE Student Membership No. _____

REGISTRANT INFORMATION

Name: _____ Title _____
Last/Family First Middle Initial

Affiliation: _____

Internal Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

PAYMENT INFORMATION

Please pick one method of payment:

___ **Check:**

Checks must be drawn from a US bank and in US dollars only.
Checks must be payable to "IEEE COMPSAC 2004".

___ **Credit Card:**

___ **Master** / ___ **Visa**

Card Number: _____ Expiration Date: _____

Card-Owner's Signature: _____

Total Amount: _____ Date: _____

___ **Bank Transfer:**

Please contact Dazhi Huang for the bank information.