

7 – 10 October
Seattle, Washington, USA

ISWC 2002 Conference Registration Form

To register, fax or mail this form to the address at the right.

**Payment of Advance Registration fees must be received
by 13 September 2002.**

Registration forms without payment **will not** be processed,
and you must re-register onsite with payment. For questions
please call: +1-202-371-0101 (Sorry, no phone registrations.)

IEEE Computer Society
ISWC Registration
Dept. 6006
Washington, DC 20042-6006
Fax +1-202-728-0884

Name: _____
___ Dr. ___ Prof. ___ Ms. ___ Mr. Last/Family Name First/Given Name MI

Company: _____

Address: _____

City/State/Province/Zip/Country: _____

Phone: _____ Fax: _____ E-mail: _____

___ Do not include my name, mailing/e-mail address, phone and fax numbers on the attendee list.

___ Do not include my name and mailing address on mailing lists.

Membership Number (IEEE/Computer Society /ACM): _____

Student Membership Number (IEEE/Computer Society /ACM): _____

Please advise us if you have any special needs: _____

CONFERENCE REGISTRATION:

Advance (received by 13 September)

___ Member: U.S. \$300
___ Nonmember: U.S. \$400
___ Student Member: U.S. \$80

Late/On-site (received after 13 September)

___ Member: U.S. \$400
___ Nonmember: U.S. \$500
___ Student Member: U.S. \$120

TUTORIAL REGISTRATION:

Advance (received by 13 September)

___ Member: U.S. \$120
___ Nonmember: U.S. \$180

Late/On-site (received after 13 September)

___ Member: U.S. \$170
___ Nonmember: U.S. \$230

___ Tutorial 1: A Tutorial on Wearable Computers for Persons with Disabilities

___ Tutorial 2: Wearable Computing User Interface Development Tutorial

___ Tutorial 3: Tutorial on low power communication/computing with today's hardware

___ Tutorial 4: An Introduction to Wearable Computing

TOTAL ENCLOSED: _____

Please make checks payable to: IEEE COMPUTER SOCIETY. All checks must be in U.S. DOLLARS drawn on U.S. BANKS. Credit card charges will appear on statement as "IEEE Computer Society - Registration." Written requests for refunds must be received at the above address before **20 September 2002**. Refunds are subject to a US \$50 processing fee.

METHOD OF PAYMENT:

___ Personal Check ___ Company Check ___ VISA ___ MasterCard
___ American Express ___ Diners Club

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____