

MPSOC'03 WORKSHOP REGISTRATION FORM

Please mail or fax this form to:

MPSOC'03

5305 Spine Rd., Ste. A

Boulder, CO 80301 USA

Tel: (303) 530-4562 Fax: (303) 530-4334

First Name _____ Last Name _____ Company _____

Address 1 _____ Address 2 _____ City _____ State _____ Zip _____

Country _____ Phone _____ Fax _____

Email _____

ADVANCE REGISTRATION (Postmarked by May 15, 2003)

	Regular attendee	Student
Advance Registration	\$1850	\$925
After May 15	\$2500	\$2500

TOTAL FEES _____

Send full payment in U.S. dollars with this form. Use a check drawn on a US bank or a major credit card. For payments from non-U.S. banks the attendee will be charged a collection fee of US\$30.00. Purchase orders are not accepted.

Make checks payable to MPSOC'03. Use your credit card if registering by fax.

check ___ credit card ___ Visa ___ Mastercard ___ American Express ___ Card # _____ Exp. date _____

Name(as it appears on card) _____ Signature _____

REFUNDS: Requests for refunds received before June 15, 2003 will be subjected to a \$50 processing fee. No refunds will be made for cancellations received after June 15, 2003 and all registration fees will be forfeited. Attendance is limited to 65 participants. Register early to avoid disappointment. No registrations will be accepted after June 30.