REGISTRATION FORM

ACM SIGCSE	Conference on	Innovation an	d Technology in	Computer Science Education	m
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Thessaloniki, Greece, June 30-July 2, 2003

First Name	M.I		_Last N	ast Name							
Company/School	Nicknam				e for badge (Optional)						
City	State/Prov		_ ZIP/P	P/Post code		Country					
Mailing Address (if different)											
City	State/Prov		_ ZIP/P	P/Post code		Country					
Phone Number	E-Mail Address										
Check here if you do not want your name to appear on attendee list.											
Special services required		SI	pecial d	ietary rec	quirements						
The fees below are all in US Dollars. Registration includes reception on Sunday and Monday, banquet on Tuesday, farewell party on Wednesday, lunch on Monday, Tuesday, and Wednesday, morning and afternoon coffee breaks, a copy of the Conference Proceedings and entrance to all sessions and exhibits.											
Check here if you would like to join ACM's SIGCSE. The cost is \$25. Note that joining SIGCSE allows you to register for the conference as an ACM member and save \$70 on the conference registration fee.											
Circle one registration fee	Early Late		I	Late registration is after May 15, 2003.							
MEMBER (#:)	\$330	30 \$400		MEMBER rate applies only to ACM or SIGCSE members.							
NONMEMBER	\$400	100 \$470		Why not join SIGCSE and save \$45? See first box above.							
STUDENT	\$150	\$150		Bring evidence of full-time student status to conference.							
TUTORIALS * Member	\$50	\$60		June 29 (morning): 1 2 3 Circle your choice(s)							
Nonmember	\$80	\$80 \$90		June 29 (afternoon) 4 5 6 # × cost =							
Student	\$25	\$30		Total Cost:							
TUESDAY EXCURSIONS*	Indicate the number of tickets needed:										
	1 (\$25) 2 (\$3		2 (\$35)_	5) 3 (\$40) Total Cost:							
EXTRA TICKETS FOR GUESTS	@ \$50 =			Conference banquet, Tuesday, July 1.							
TOTAL PAYMENT \$			Include all applicable fees: SIGCSE membership, registration, tutorials, excursions, and extra tickets.								
CHECK # (Make a	ll checks pa	yable in U.	.S. dolla	rs and di	awn on a U.S.	bank to	ITiCSE 2003)				
CREDIT CARD MC Vi	sa AN	AEX	Card #	: 							
Expiration Date	Signature										
SEND REGISTRATION FORM to E-MAIL: rausting@erols.com M FAX: to 001-301-236-0317	ddresses onferenc ite Road 1D 2090	e	CANCELLATION requests must be sent to one of these addresses by June 6, 2003. A processing fee of \$50 will be assessed.								

You will receive a confirmation by e-mail.

^{*} Information about tutorials and excursions can be found on the conference web site: <u>http://iticse2003.uom.gr/</u>

⁺ If using postal mail, please follow with an e-mail message to <u>rausting@erols.com</u> indicating that the form has been sent.