

Please Print (Only one registration per form; duplicate as necessary.)

Circle one: Dr. Prof. Mr. Ms. Mrs.

Name _____
First Last

University/Business Affiliation _____

Mailing Address _____ Business Home
Number and Street

city State Zip

Phone () FAX Number ()

E-mail address -----

SPECIAL NEEDS: No red meat Vegetable vegetarian Please do not list my name on the Participant Roster
Motor/sensory impairment; please call (616) 387-4174 by May 26, 2000 about special needs.

REGISTRATION FEES: U.S. Currency Only Received on/before May 19 Received after May 19 Amt. Due
IEEE Members, Membership # \$300 \$350 \$
Non IEEE Members \$350 \$400 \$
IEEE Student, Membership # \$100 \$100 \$
Non IEEE Student \$120 \$120 \$

IMPORTANT INFORMATION REGARDING THE FRIDAY EVENING BANQUET: Students and guests wishing to attend the banquet Friday evening are encouraged to do so, but must purchase a ticket. Tickets are necessary only for students and guests. The banquet is included for participants paying full conference fees (\$300-\$400).

No. of banquet tickets needed X \$45.00 = \$

TOTAL AMOUNT DUE: \$

PAYMENT METHOD: U.S. Currency only, please

Enclosed is a check or money order payable to Western Michigan University in the amount of: \$

Please charge my: VISA MasterCard Discover

Account Number Expiration Date

Authorized Signature

Enclosed is a copy of an institutional purchase order or supervisory letter of authorization.

Contact Name Contact Phone Number

SEND YOUR COMPLETED REGISTRATION FORM AND PAYMENT TO: IEEE EIT CONFERENCE, CONFERENCES AND SEMINARS, WESTERN MICHIGAN UNIVERSITY, KALAMAZOO, MI 49008-5161. PHONE (616) 387-4174; FAX (616) 387-4189.

FOR OFFICE USE ONLY 23 324093
Cash Credit Card MO/Check # Amount \$
Date Auth/Receipt # Issued By