CHI 96

April 13-18, 1996
Vancouver, Canada

Advance Registration Form

Mail or Fax Form To:
CHI 96 Registration
P. O. Box 8304
Maitland, FL 32794 USA
Fax: +1 407 628 3186

For Express Mail only:
CHI 96 Registration
Registration Systems Lab
2060 Goldwater Court
Maitland, FL 32751 USA

Check boxes for more information and/or requests:
☐ Childcare ☐ Accompanying persons
☐ Special Needs and Access: ______________
☐ I do NOT want my name to be on a mailing list given or sold to outside organizations.

WWW 960310c ps

First Name ______________________________ Last Name ________________________

Name on Badge ____

Company/Institution ____

Address ____

____

City, State/Province ____

Postal Code ______________________________ Country _________________________

☐ I am a member of: ___________________

☐ * Check here if you do NOT want to receive the ACM and SIGCHI membership included in the non-member fee. This will not change the conference fee.

☐ I am a full-time student and am providing proof of current student status with my registration.

Tel __________________________

Fax __________________________

E-mail ________________________

CONFERENCE AND TUTORIAL FEES IN CANADIAN DOLLARS

(Please circle the appropriate fees)	On or Before March 14, 1996			March 14 to April 12, 1996			Onsite-After April 12, 1996		
	Student	Member	Non-member	Student	Member	Non-member	Student	Member	Non-member
Conference Only	$170	$530	$685*	$185	$805	$960*	$195	$1075	$1230 *
Each Tutorial unit with Conference	150	345	345	165	485	485	190	755	755
Each Tutorial unit without Conference	150	430	430	165	565	565	190	840	840

TUTORIAL SELECTIONS

(circle tutorial numbers and total number of units)

Saturday Evening (1 Unit)
1 2
Saturday units: ___________

Sunday Full-day (2 Units)
3 4 5 6 7 8 9 10 11 12 13 14 15
Sunday units: _____________

Monday Full-day (2 Units)
16 17 18 19 20 21 22 23 24 25 26

Monday Morning (1 Unit)
27 28

Monday Afternoon (1 Unit)
29 30
Monday units: _____________

Total Tutorial Units (maximum of 5 units): ______________

Alternative tutorial selections:

Saturday: ________ Sunday: _________ Monday: __________

If CEU is desired, please provide your social security or other personal identification number below:

SS or other PID#: ___________________________________

Compute the appropriate CEU fees in payment computation.

PAYMENT COMPUTATION

Conference Fee		....	$ _______
Tutorial Units: ☐		x $______	$ _______
		x $7 (CEU fee if desired)	$ _______
Extra Reception: ___ ticket(s)		x $68..........	$ _______
NTSC Video:	_______	x $27..........	$ _______
PAL Video:	_______	x $34..........	$ _______
Extra Proceedings:	_______	x $68..........	$ _______
Extra Companion:	_______	x $34..........	$ _______
Tee-shirts:	_______	x $11..........	$ _______
	Circle shirt size: M L XL		
Sweat shirts:	_______	x $16..........	$ _______
	Circle shirt size: M L XL		
Polo shirts:	_______	x $27..........	$ _______
	Circle shirt size: M L XL		
Mugs:	_______	x $7..........	$ _______
TOTAL FEES CANADIAN DOLLARS			$

Those who wish to pay in Canadian currency may do so by sending a personal check, company check, or money order, drawn on a Canadian bank, to the CHI 96 Registration address listed on this registration form.