

SAM 2002 REGISTRATION FORM
SECOND IEEE SENSOR ARRAY AND MULTICHANNEL SIGNAL PROCESSING WORKSHOP
The Key Bridge Marriott Hotel • Rosslyn, Virginia, USA • August 4 – 6, 2002

Personal Information *Please fill out and fax or mail one form per attendee. Please, TYPE or PRINT CLEARLY.*

First (Personal) Name: _____ Middle: _____

Last (Family) Name: _____

Name on Badge: _____

Affiliation: _____

Mailing Address: _____

City / State / Zip: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Paper numbers you are author on: _____

IEEE Membership Status: Member Non-Member Student Member Student Non-Member

Member number _____

Please attach proof of your full-time student status (a copy of your valid IEEE student ID or a letter from your department chair is required)

Registration Fee Schedule *Avoid the higher on-site registration fee: be sure to register before July 15, 2002.*

| | Early by June 10 | Advance June 11 – July 15 | Full July 16 – Aug 6 | Social Functions/ Proceedings | Amount |
|----------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|--------|
| IEEE Member | <input type="checkbox"/> \$125 USD | <input type="checkbox"/> \$175 USD | <input type="checkbox"/> \$250 USD | Included | \$ |
| Non-Member | <input type="checkbox"/> \$175 USD | <input type="checkbox"/> \$250 USD | <input type="checkbox"/> \$350 USD | Included | \$ |
| Student | <input type="checkbox"/> \$50 USD | <input type="checkbox"/> \$50 USD | <input type="checkbox"/> \$100 USD | Included | \$ |
| Extra Banquet Ticket | | | | <input type="checkbox"/> \$50 USD | \$ |
| Extra CD-ROM | | | | <input type="checkbox"/> \$15 USD | \$ |
| Total | | | | | \$ |

Registration Fee Payment *Include payment with registration form. If faxing, include credit card information. Confirmations will be sent by email only. Receipts will be provided at the workshop.*

Each attendee must register separately. You are not considered registered until payment is received. Discount registration applies only if payment is received on or before June 10, 2002 for early registration and July 15, 2002 for advance registration. If payment is not received by the deadline, you will be responsible for the higher rate. No wire transfers, purchase orders, or invoices will be accepted. Attendees using credit cards must provide billing address for credit card. Attendees not using credit cards must forward a check or money order payable to **SAM 2002** drawn on a US bank or a US branch of a foreign bank for the total amount in USD. Refund policy: processing fee \$50 on or before July 15, 2002; no refund after July 15, 2002.

Method of payment (*select one*) Credit Card Check Money order Cash (on-site only)

Credit card type (*select one*) MasterCard Visa American Express

Check/Card number _____ Expiration Date _____ / _____ / _____

Cardholder's name _____ Signature _____

Billing Address _____

Mail completed form with payment payable to **SAM 2002** or fax with credit card information to:

SAM 2002
 Attn: Elizabeth Quigley
 Dept. of Applied & Engineering Statistics, MS 4A7
 George Mason University
 Fairfax, VA 22030-4444, USA

Fax: 703-993-1700
 Email: liz@galaxy.gmu.edu
 Tel: 703-993-1680