



IWLS 2004
Registration Form



ATTENTION: Ms. Tina Trahan

FAX: 1-401-863-9039

First Name _____ Last Name _____

Company _____

Address _____

City & State _____

Zip _____

Country _____

Phone _____

FAX _____

Email (will NOT process without correct email): _____

I verify that I am an ACM member _____ member # _____

I verify that I am an IEEE member _____ member # _____

I verify that I am a full time student _____

University _____ student # _____

Credit Cards: ___ VISA ___ MASTERCARD ___ AMEX Amount: _____

Card number: _____ Exp. Date: _____

Please print name as it appears on your credit card: _____

Signature _____ I agree to pay
the total amount according to the card issuer agreement.