Registration Form for FOCS 2000

Name____

Affiliation____________________________________

____

Address______________________________________

____

E-mail_______________________________________

Phone____

Dietary restrictions: Kosher____Vegetarian____None____

Affiliation, as it should appear on the badge:

____

Please circle one category below and fill in your membership number if appropriate: #____________________

Registration fees	**until 10/19**	**after 10/19**
ACM, SIGACT, IEEE or EATCS member	330	390
Author	330	390
Student	110	130
Other	420	480

Machtey Fund contribution ____________________

Total registration ___________________________

To pay by Visa, Mastercard or Discover, provide the name that appears on the card, the billing address of this card, and the signature of the card holder.

Name____

Street Address________________________________

____

Card Type____________________________________

Card Number__________________________________

Expiration Date_______________________________

Signature_____________________________________

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

Mail or fax to:

Joyce Akhtarkhavari
Attn: FOCS 2000
Department of Computer Science
University of California
Riverside, CA 92521

Fax: 909-787-4643