

MEETING REGISTRATION FOR INTERFACE 2002

34th Meeting of the Interface, INTERFACE 2002, April 17-20, 2002

Name _____ (As will appear on your nametag)

Job Affiliation _____ (As will appear on your nametag)

(Indicate whether this is a work address or home address.)

Address _____

City _____ State or Province _____

ZIP or Postal Code _____ Country _____

Telephone _____ E-mail _____

Join Interface now (and attend at the Member rates of \$185/\$210)

Conference fees (with 1 Banquet ticket included, except single-day registrants)

Interface member before March 1, 2002, \$185

Interface member after March 1, 2002, \$210

Member of Cooperating Societies before March 1, 2002, \$220

Member of Cooperating Societies after March 1, 2002, \$245

Not a member of either Interface or Cooperating Societies before March 1, 2002, \$245

Not a member of either Interface or Cooperating Societies after March 1, 2002, \$275

Student Registration (no proceedings), \$100/\$125

Single Day Registration (no banquet, no proceedings), \$120

Interface Short Course Registrations (At least one-day Conference Registration Required)

Attendees who are members of Interface or Cooperating Societies, one course, \$150

Attendees who are members of Interface or Cooperating Societies, both courses, \$200

Attendees who are not members of Interface or Cooperating Societies, one course, \$200

Attendees who are not members of Interface or Cooperating Societies, both courses, \$300

Students, one course, \$40

Students, both courses, \$50

If only one course is taken, circle appropriate one: **SiZer** **Pattern Recognition**

Guest Banquet Tickets @ \$35 each Total Amount Enclosed _____

Make checks payable to Interface 2002. Mail to: Interface 2002, P.O. Box 7460, Fairfax Station, VA 22039-7460, USA. No refunds available after March 15, 2002. Visa, MasterCard, or Discover Credit Cards are accepted. In this case, the address supplied must be the billing address. Please supply also the following information.

Type of Card _____ Credit Card Number _____ Expiration Date _____

Credit Card Billing Address _____