

SCOPES 2005

Registration Form

September 29 - October 1, 2005
Fairmont Hotel
Dallas Texas

Registration form should be returned with payment information to:

Scopes 2005
Attn: David Keathly
Computer Science and Engineering
University of North Texas

Mail: , PO Box 311366 Denton, TX 76203 USA

Express Mail: 3940 North Elm St Room F201, Denton, TX 76207-7102

Fax: 940-565-2799

Email: dkeathly@cse.unt.edu

NAME: _____

Phone: (____) _____ Email: _____

Address: _____

City, State _____

Country _____ Zip/Postal Code _____

ACM, SIGPLAN or EDAA Member Yes _____ No _____

Student Yes _____ No _____

Credit Card Information

NAME (on card): _____

Company _____

Phone: (____) _____ Email: _____

Address: _____

City, State _____

Country _____ Zip/Postal Code _____

Type of card Visa ____ Mastercard ____ Amex ____ Discover ____

I am paying by check ____ I am paying by money order ____
(make payable to University of North Texas - no personal checks)

Credit Card Number _____

Expiration Date _____

Amount to charge _____
(see Registration portion on website for appropriate amount)

I authorize SCOPES 2005 to charge the registration amount shown above to the credit card account specified.

Signature

Date