

CHI-98 advance registration form

First Name _____ Last Name _____

Company/Institution _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Tel _____ Fax _____

Email _____

a. * I do NOT want ACM/SIGCHI membership included in the non-member conference fee. The fee does not change.

b. I do NOT want my name on a mailing list given or sold to outside organizations.

Mail Form to:

CHI 98 Registration Office
P. O. Box 941126
Maitland, FL 32794 USA

For Express Mail only:

CHI 98 Registration Office
2060 Goldwater Court
Maitland, FL 32751 USA

or Fax to: +1 407 628 3186 (with credit card payment only)

- c. It is my first time attending CHI
 d. Childcare needed
 e. Special Needs and Access: _____
 f. I am a member of: _____
 Member number: _____
 g. I am a full-time student providing proof of current student status with registration.

conference and tutorial fees in U.S. dollars

(Please circle the appropriate fees)	On or Before 12 March 1998			13 March to 2 April 1998			No confirmations will be provided. 3 April through Conference		
	Student	Member	Non-member	Student	Member	Non-member	Student	Member	Non-member
Conference Fee Only	\$125	\$415	\$535*	\$135	\$615	\$735*	\$145	\$815	\$935*
Each Tutorial Unit with Conference Fee	110	255	255	120	355	355	140	455	455
Each Tutorial Unit without Conference Fee	185	315	315	195	415	415	215	515	515

tutorial selections Circle tutorial numbers and total number of units

UNITS

Saturday Evening 1 2 3

Sunday Full-day 4 5 6 7 8 9 10 11 12 13 14 15 18

Sunday Morning 16

Sunday Afternoon 17

Monday Full-day 19 20 21 22 23 24 25 26 27 28 29

Monday Morning 30 31 32

Monday Afternoon 33 34 35

Monday Evening 36

Total Units Add tutorial units above; the maximum number of units is 6.

Alternative tutorials:
 Saturday: _____ Sunday: _____ Monday: _____

For CEU credits, please provide your social security number or other personal ID number:

Compute the appropriate CEU fees in payment computation section.

payment computation

1. Conference Fee \$ _____

2. Tutorial Units: _____ x \$ _____ \$ _____

3. Tutorial Units: _____ x \$ 5 (CEU fee if desired) .. \$ _____

4. Workshop Fee (accepted registrants only) \$ _____

5. Accompanying Person (incl. Reception¹) @ \$ 95 \$ _____

Acc. Person's Name: _____

6. Extra Reception Tickets¹: _____ x \$ 50 \$ _____

7. Extra Proceedings: _____ x \$ 50 \$ _____

8. Extra Summary Volume: _____ x \$ 25 \$ _____

9. Extra NTSC Video: _____ x \$ 20 \$ _____

10. Extra PAL Video: _____ x \$ 20 \$ _____

11. Mugs: _____ x \$ 5 \$ _____

12. T-shirts*: M L XL _____ x \$ 8 \$ _____

13. Polo shirts*: M L XL _____ x \$ 20 \$ _____

14. Free video with registration*: NTSC / PAL \$ - 0 -

*Circle shirt size and/or video format. ¹Restricted to 18 and older.

Total Fees Enclosed \$

workshops Circle workshop numbers below

Sunday and Monday \$ 100 1 2 3 4

Sunday and 1/2 Monday \$ 100 5 6 7

Sunday Only \$ 50 8 9 10 11

Monday Only \$ 50 12 13 14 15

Forms without payment will not be processed. Make checks and money orders payable in U.S. Dollars to ACM/CHI 98. Purchase orders, government vouchers, and wire transfers are not accepted and will be returned to sender. If paying by VISA, MasterCard or American Express, please provide the following credit card information in full to avoid delays:

Card Number: _____ Exp. Date: _____

Cardholder's Name _____

Cardholder's Signature _____

Billing Address _____
 (if different from above)