• To register, complete and fax or post this form with full payment to:

Dazhi Huang
Registration Chair

Arizona State University
Department of Computer Science and Engineering
Brickyard Suite #501
699 South Mill Avenue
Tempe, AZ 85281, USA

Fax: 1-480-965-2751
Telephone: 1-480-965-3753
Email: dazhi.huang@asu.edu

• Advance registration fee is applicable for registration received before September 1, 2004. Early registration is encouraged.
• Request for refund for cancellation of registration must be received before September 1, 2004. A service charge of $100 will be deducted for each cancelled registration.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>RATE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Advanced Registration (before September 1, 2004)</strong></td>
<td><strong>On-Site Registration (after September 1, 2004)</strong></td>
</tr>
<tr>
<td>Conference/Workshops¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members²</td>
<td>US $500.00</td>
<td>US $600.00</td>
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<tr>
<td>Non-Members</td>
<td>US $625.00</td>
<td>US $750.00</td>
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<tr>
<td>Student Members³</td>
<td>US $300.00</td>
<td>US $360.00</td>
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<tr>
<td>Each Additional Reception Ticket on September 27, 2004</td>
<td>US $30.00</td>
<td>US $35.00</td>
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<tr>
<td>Each Additional Banquet Ticket on September 29, 2004</td>
<td>US $35.00</td>
<td>US $40.00</td>
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<tr>
<td>Total Amount</td>
<td></td>
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</tbody>
</table>
1. Registration fee (including student registration fee) includes admissions to all technical sessions of the conference and workshops, a copy of the conference proceedings and workshop proceedings, coffee breaks, lunch for each day of the three-day conference, the pre-conference reception, and the dinner banquet.

2. IEEE Member or IEEE Computer Society Affiliate Member must include membership number in order to register at the member rate.
   IEEE or IEEE Computer Society Affiliate Membership No. _________________

3. Student must be IEEE Student Member in order to register at the student rate.
   IEEE Student Membership No. _________________

REGISTRANT INFORMATION

Name: __________________________________________ Title: __________________________

Last/Family                  First        Middle Initial

Affiliation: __________________________________________

Internal Mailing Address: ______________________________________________________________________

Street Address: ______________________________________________________________________________

City: ________________________ State: ________ Zip: ___________ Country: ____________________________

Telephone: __________________ Fax: __________________ Email: ____________________________

PAYMENT INFORMATION

Please pick one method of payment:

—— Check:
Checks must be drawn from a US bank and in US dollars only.
Checks must be payable to "IEEE COMPSAC 2004".

—— Credit Card:

    ___  Master /  ___  Visa

Card Number: ____________________________ Expiration Date: ___________

Card-Owner's Signature: ________________________________________________________________

Total Amount: ____________________________ Date: ______________________

—— Bank Transfer:

Please contact Dazhi Huang for the bank information.