

MEETING REGISTRATION FORM
10th INFORMS Computing Society Conference
January 3 – 5, 2007
Coral Gables, Florida



Advance Registration Deadline: December 1, 2006
This deadline will be strictly enforced

PLEASE WRITE CLEARLY

Last Name _____ First Name _____ Initial _____

Name for Badge _____

University/Company _____ Position Title _____

Address _____ Dept. _____

City _____ State _____ Zip _____ Province _____ Country _____

Telephone _____ Fax _____ Email _____

Please check: Academic Industry Government Address is: Work Home _____

CONFERENCE REGISTRATION FEES	By 12/1	After 12/1
Member Registration	\$ 250	\$ 270
Non-Member Registration	\$ 280	\$ 300
Student / Retired Registration Full-time students must attach a faculty certification to attend. Email or fax to meetings@informatics.org , 401-722-2951	\$ 150	\$ 150
	TOTAL	\$ _____

Payment

Check Enclosed AMEX MasterCard VISA

Card Number _____ Expiration _____ Signature _____

Make check payable to INFORMS.

Cancellations: Must be received in writing no later than **December 22, 2006** for a refund less \$50.00 processing fee.

Special Requirements:
 Do you have any special requirements when attending this meeting? Please describe: _____

Complete form and send:
 By fax: 401-722-2951
 By mail: INFORMS, 12 Breakneck Hill Rd., Suite 102, Lincoln, RI 02865, USA

Questions?
 Call 800-343-0062 or 401-722-2595. Email: meetings@informatics.org