CHI 2000 Advance Registration Form

First Name _____ Last Name _____

Company/Institution _____

Address _____

_____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Tel _____ Fax _____

E-mail _____

(Please circle the appropriate fee)

MAIL FORM TO:
CHI 2000 Registration
P.O. Box 941126
Maitland, FL 32794-1126 USA

FOR EXPRESS MAIL OR COURIER ONLY:
CHI 2000 Registration
c/o Registration Systems Lab
2060 Goldwater Court
Maitland, FL 32751 USA

FAX TO: + 1 407 628 3186

ONLINE REGISTRATION
www.acm.org/chi2000

FEES in U.S. DOLLARS:	On or Before 18 Feb. 2000			19 Feb. - 20 March 2000			After 20 March (No confirmation provided)		
	Student	Member	Non-Member	Student	Member	Non-Member	Student	Member	Non-Member
Conference Fee Only	$125	$435	$563*	$140	$635	$763*	$150	$835	$963*
Each Tutorial Unit with Conference Fee	$110	$275	$275	$125	$375	$375	$145	$475	$475
Each Tutorial Unit without Conference Fee	$185	$335	$335	$200	$435	$435	$220	$535	$535

FEES in NLG:	On or Before 18 Feb. 2000			19 Feb. - 20 March 2000			After 20 March (No confirmation provided)		
	Student	Member	Non-Member	Student	Member	Non-Member	Student	Member	Non-Member
Conference Fee Only	250	870	1126*	280	1270	1526*	300	1670	1926*
Each Tutorial Unit with Conference Fee	220	550	550	250	750	750	290	950	950
Each Tutorial Unit without Conference Fee	370	670	670	400	870	870	440	1070	1070

* ❑ I do NOT want ACM SIGCHI Membership included in the non-member conference fee.

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

❑ I would like to have Child Care information.

❑ I have Special Needs:_____

❑ I am a member of ACM or ACM SIGCHI:

_____

My membership number is:_____

❑ I am a full-time student and will provide proof of current student status with my registration.

❑ This is my first time attending CHI.

TUTORIAL SELECTIONS (Please circle tutorial numbers)

	UNITS	TUTORIAL NUMBERS
Saturday Evening	1	1 2
Sunday Full-Day	2	3 4 5 6 7 8 9 10 11 12 13
	2	14 15 16
Monday Full-Day	2	17 18 19 20 21 22 23 24 25 26 27 28 29
Monday Evening	1	30 31
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:

CEU credit is optional Compute appropriate CEU fees in payment computation section.

WORKSHOPS (Please circle workshop numbers)

Sunday and Monday	US$150	NLG 300	1 2 3 4
Sunday and 1/2 Monday	US$150	NLG 300	5
Sunday Only	US$75	NLG 150	6 7 8 9 10
Monday Only	US$75	NLG 150	11 12 13 14 15 16

Workshops are open to Accepted Registrants Only (See page 14.)

PAYMENT COMPUTATION

Conference Fee ..... ____
Tutorial Units: ____ x US$ ____ / NLG ____ ..... ____
CEU Fee per Tutorial Unit: ____ x US$5____ / NLG 10 ____ ____
Workshops Fee (accepted registrants only) ..... ____
Accompanying Person (incl. reception) US$95 / NLG 190 ..... ____
Acc. Person's Name: _____
Extra Reception Tickets: ____ x US$50 NLG 100 ..... ____
7-12 yrs. old Reception Ticket: ____ x US$25 NLG 50 ..... ____
Extra *Proceedings*: ____ x US$50 NLG 100 ..... ____
Extra *Extended Abstracts*: ____ x US$25 NLG 50 ..... ____
Extra NTSC Video: ____ x US$20 NLG 40 ..... ____
Extra PAL Video: ____ x US$20 NLG 40 ..... ____
Mugs: ____ x US$7 NLG 14 ..... ____
T-shirts:† M L XL ____ x US$15 NLG 30 ..... ____
Sweat shirts:† M L XL ____ x US$25 NLG 50 ..... ____
Free video with registration†: ____❑ NTSC ❑ PAL

Total Fees Enclosed: ____

†Circle shirt size and/or check video format.
Conference is not responsible for unclaimed merchandise.

Forms without payment will NOT be processed. Make checks and money orders payable to ACM/CHI 2000. Registering by bank transfer must be done via www.regmaster.com/chi2000xfer.html. Purchase orders and government vouchers will not be accepted. Credit card charges will be processed at the US dollar fee. When this is converted on your credit card statement to domestic currency the amount may be different than the NLG rate quoted. If paying by Visa, EURO/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 _____