First Name Last Name				– <b>DSN</b>	<b>DSN 2008</b>	
Name as preferred on badge					4-27, 2008	
Organization					e, Alaska, USA	
Address					,,	
City State/Province			Advance Registration Form			
Postal/Zip Code Country						
Tel	Fax					
Email						
☐ IFIP WG 10.4 member	□ IEE	EE/IEEE CS memb	er #:			
☐ Emeritus IEEE/IEEE CS/IFIP WG 10.4 member	Student IEEE/IEEE CS member #:					
☐ Special Dietary Needs:	Co:	mments:			100	
TUTORIALS	WORKSHOPS (Single Workshop registration only)			aly)		
Tuesday Morning   T1   T2   T3	June 25	5 □ RADB				
Tuesday Afternoon □ T4 □ T5 □ T6	June 26	5 □ CATARS				
	June 27	√ □ WADS	□ WDSN			
FEES IN U.S.DOLLARS (please circle	appropriate fees)					
On or Before 16 May 2008 Member	Non-Member	Student Member	Student Non-Mem			
DSN Conference \$650	\$815	\$485	\$610	\$485	\$	
Half-day Tutorial(s):       x \$195         Single Workshop(s):       x \$240	\$245	\$145 \$180	\$175 \$225	\$145 \$180	\$ \$	
Excursion Ticket for Guest(s):	\$300 Adul			\$10U	\$ \$	
Excursion Ticket for Child 12 & under:					\$	
After 16 May 2008 & On-site Member	Non-Member	Student Member	Student Non-Mem	aber Life/Retired Member		
DSN Conference \$815	\$995	\$610	\$760	\$610	\$	
Half-day Tutorial(s): x \$245	\$299	\$179	\$215	\$179	\$	
Workshop(s): x \$300	\$375	\$225	\$280	\$225	\$	
Excursion Ticket for Guest(s): Excursion Ticket for Child 12 & under:				May 2008 only)	•	
	Child ticket(s) x \$125 (available until 23 M			May 2008 only)	\$	
				TOTAL FEES:	\$	
☐ Number of accompanying persons who will be with you on this trip: adults children			Il member categories, attendance at all DCCS	<b>Students</b> are required to provide tus at the time of registration.	proof of full-time student sta-	
☐ Please provide my physical mailing address to Anchorage	and PDS sessions and all Workshops (Wednesday-Friday),			Cancellations are subject to a \$100 processing fee and must		
Vendors so I can be sent vacation and services information by mail.  I will not be able to attend the excursion; please give my	banquet, proceed	hanquet proceedings on CD and the supplemental volume on CD			be received by May 24, 2008. Registrations may be transfered to another individual up to June 20, 2008 for a \$100	
ticket to a meeting volunteer.	workshop of your choice, breaks, lunch on the day of the			processing fee.		
☐ I will not be able to attend the welcome reception; please give my tickets to a meeting volunteer.				This year proceedings are CD-only; no hard copy proceedings are available.		
☐ I will not be able to attend lunch on the following days; includes all workshops.			To qualify for the advance registration discount, form and payment must be received by the deadline. Registrations			
□ Wed □ Thu □ Fri during chosen tutorial(s), and printed handout for your			received after the deadline will be charged at the late/on-site rate.			
			* Be sure you book your own room even if you make this request! You can cancel your reservation once you have a			
☐ smoker ☐ non-smoker arrival & departure dates:	hildren are encouraged and welcome at the		roommate.			
•	excursion banqu	et, with neat casual at	acceptable.			
PAYMENT INFORMATION				DI	dsn08v4.0317	
Your signature indicates your agreement to pay the fees with the credit card number provided below:				Please make checks payable in U. All checks must be in US dollar		
				Mail Form with Payment to: DSN 2008		
Card Nr.		Card ID Code†	Expires	c/o Registration Systems Lab		
Cardholder's Name Cardhol	older's Signature			779 East Chapman Road Oviedo, FL 32765 USA		
Billing Address (if different from above)				Fax to: +1 407 366 4138 or Register on-line at:		

http://www.regmaster.com/conf/dsn2008.html

**Questions?** Please call: +1 407 971 4451 or email: mandy.mann@regmaster.com

 $<sup>\ \, \</sup>dagger \ \, \text{Required last 3-digit code on back of Visa/MasterCard signature tape, or 4-digit code on front of American Express above card number.}$