

**Computing Frontiers '07
Ischia, Italy May 7 – 9, 2007**

REGISTRATION FORM

Name (first, middle, last)

Affiliation:

Address:

City State: ZIP code:

Country:

E-mail:

Phone: Fax:

ACM Membership Number:

Please check all relevant items:

<input type="checkbox"/> Registration fee (ACM member)	€ 550,00
<input type="checkbox"/> Registration fee (non-member)	€ 600,00
<input type="checkbox"/> Registration fee Student	€ 300,00
<input type="checkbox"/> I want to purchase ____ extra proceedings at € 12 each
<input type="checkbox"/> I want to purchase ____ extra lunch tickets at € 28 each
<input type="checkbox"/> I want to purchase ____ extra banquet tickets at € 75 each
Total due

Payment method (please check):

American Express

Master Card

VISA

cash

Credit card info:

Cardholder (name as it appears on card):

Card number: Exp. date/.....

Signature: