

REGISTRATION FORM

1. PARTICIPANT

? Please fill in this registration form. This information will be used for a name badge and the participant list.

Title: Prof. /Dr. /Mr. /Ms.

Position:

Given Name:

Family Name:

Affiliation (Including Company/University and Department):

Mailing Address:

Country:

Zip Code:

Phone:

Fax:

E-mail:



2. REGISTRATION FEES *(Please tick V.)*

Type of Registration	Type of Participant	Early Registration (Until July 1, 2001)		On-Site Registration (After July 1, 2001)		Amount
		ACM/ TAAI Member	Not ACM/TAAI Member	ACM/ TAAI Member	Not ACM/TAAI Member	
<input type="checkbox"/> Workshop Program (July 28 thru July 29)	Regular	US\$130	US\$150	US\$180	US\$200	
	Full Time Student	US\$80	US\$100	US\$130	US\$150	
Above fees include the admission to the 2 day-workshop programs with proceedings, a welcome banquet, and coffee breaks.						
<input type="checkbox"/> Additional Banquet Tickets	US\$40/person X () person(s)					
Total Payment						

◆ Students must enclose a copy of a student ID Card or a letter from the department head verifying their full time student status with this form.

NAME _____

3. PAYMENT METHOD

<input type="checkbox"/> F-1 WIRE TRANSFER	I have remitted the total amount of US\$_____ through my bank, _____ _____ to the following: Bank of Hawaii New York (ABA. 026005403) A/C. 0888001-1 With BANK SINOPAC HSIN CHU BRANCH Swift Code: SINOTWTP018 ADDRESS: NO. 295 KWANG FU ROAD SEC. 2 HSIN CHU, TAIWAN 300 R.O.C Further Credit to YIN XIONG JIANG A/C No. 018-002-0101063-2
	<i>* NOTE: Please attach a copy of the remittance statement issued by your bank to this form. All the remittance charges must be paid by applicants.</i>
<input type="checkbox"/> F-2 CREDIT CARD	Please charge to my <input type="checkbox"/> VISA  <input type="checkbox"/> MasterCard 
	Card No.: _____ Total Amount: _____ Cardholder's Name: _____ Expiration Date: _____ Cardholder's Signature: _____ Date: _____
(**Secretariat Use Only) Approval No.: _____ Date: _____	

- Please mail/fax this form to the following address/number:

<p>PRIMA'2001 Secretariat for Registration</p> <p>Department of Computer Science National Tsing Hua University 101, Kuang Fu Rd, Sec.2 HsinChu, Taiwan 300 R.O.C</p> <p>Fax: (+886) 3-5731068 E-mail: andreal@cs.nthu.edu.tw</p>

** For Secretariat Use Only	Date Received	Receipt Sent	Registration No.

Please keep a copy of this form for your own reference after filling it out.