

PLEASE MAIL
OR FAX TO:

RETURN FORM 1 FORM #1
ROCHELLE MILLER-KALAYDJIAN
IEEE COMPUTER SOCIETY
1730 MASSACHUSETTS AVENUE, N.W.
WASHINGTON, D.C. 20036-1992
PHONE: (202) 371-1013 FAX NUMBER: (202) 728-0884

**IEEE Computer Society/OSE Implementors' Workshop Registration
June 13-17, 1994**

PLEASE PRINT OR TYPE

LAST/FAMILY	FIRST MI	NAME ON BADGE	
COMPANY			
ADDRESS			MAIL STOP
CITY		STATE	ZIP CODE
COUNTRY	DAYTIME PHONE NUMBER	FAX NUMBER	

PLEASE CIRCLE APPROPRIATE FEES:

Advance Registration by May 20, 1994

Daily \$250

Weekly \$350

NO BANQUET

On-site Registration during OIW Week

Daily \$250

Weekly \$350

NO BANQUET

WHICH SIG WILL YOU BE ATTENDING? PLEASE LIST: _____

PLEASE CHECK EACH DAY YOU WISH TO ATTEND

___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___

FOR THOSE OF YOU WHO ATTEND THE WORKSHOP, EACH SIG WILL RECEIVE COPIES OF THE CHANGE PAGES FOR THEIR PART THAT CHANGED FOR THEIR PARTICULAR SIG.

CD ROM HOLDING VERSION 7, EDITION 1 OF STABLE DOCUMENT 500-214 IS AVAILABLE AT A COST OF \$15 PER CD ROM (WHILE SUPPLY LASTS).

METHOD OF PAYMENT:					
TOTAL AMOUNT DUE: (PAYMENT MUST BE ENCLOSED) \$					
PLEASE MAKE CHECKS PAYABLE TO: IEEE COMPUTER SOCIETY ALL PAYMENT MUST BE IN U.S.DOLLARS DRAWN ON U.S. BANKS					
PERSONAL CHECK	VISA	COMPANY CHECK	TRAVELER'S CHECKS	CASH	AMERICAN EXPRESS
DINERS CLUB	MASTERCARD	PURCHASE ORDER (MUST ACCOMPANY REGISTRATION FORM)			
CREDIT CARD NUMBER:				EXPIRATION DATE:	
CARDHOLDER NAME:					
SIGNATURE:					

WRITTEN REQUESTS FOR REFUNDS MUST BE RECEIVED IN THE IEEE COMPUTER SOCIETY OFFICE NO LATER THAN MAY 20, 1994. REFUNDS ARE SUBJECT TO A \$50.00 PROCESSING FEE. NO REGISTRATIONS WILL BE PROCESSED AFTER MAY 27, 1994. AFTER MAY 24, 1994, ALL REGISTRATIONS MUST BE ON-SITE. REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT. 1-070-4006-0270-MTG02(6/94)