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- Author’s Biography
- Transfer of Copyright
- Author Certification
- Audio/Visual Equipment Request
- Conference Registration
- Hotel Reservation

The Hotel Reservation form goes directly to the hotel. The other forms can be mailed to SCS or faxed to 858-277-3930.
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2. A registration form and payment (or valid purchase order) for at least one of the authors of each paper, and
3. A signed Transfer of Copyright form.
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Instructions: This is simply to provide your session leader with enough information to introduce you. Authors are encouraged to include a brief biography at the end of their paper if space permits.

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Note: This form must be signed by the corresponding author and be sent along with the signed copyright form, and completed registration form.

We (I) certify that one of the authors of our above referenced paper accepted in the above referenced conference will come to the conference to present the paper.

Name and Signature of Corresponding Author:

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Each meeting room will be equipped with an overhead unit for 8 1/2 x 11 transparencies. 35mm slide projectors will be made available ONLY BY ADVANCED REQUEST with the SCS office.

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This will be available for every meeting room where more than 40 attendees are expected.

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Speakers bringing microcomputers for demonstration during their session should notify the SCS office at least four weeks in advance of the meeting so that a table and power will be available. Speakers who plan to rent a computer system on their own must MAKE ARRANGEMENTS TO PAY FOR PICK UP, AND RETURN THE EQUIPMENT THEMSELVES. SCS accepts no liability for this equipment.

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List Audio/Visual needs:
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Target audience of your paper:
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List of Hardware/Software used in your paper:
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Vendors you feel will enhance the conference Exhibits Area. Please list company, phone number and contacts.
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Group: ____________________________  Session: ________  Day: ______________
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This registration form must be completed and returned with your manuscript. Registration fee must be guaranteed by receipt of check or credit card number for paper inclusion in Conference Proceedings. Registration is not refundable.

Registration fee includes: attendance at the conference, authors breakfast, a print proceedings or a CD of all papers that were electronically submitted for the SCSC 2003 conference, and any planned all-conference function. Social events and print proceedings are subject to additional fees.

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Mailing Address: _______________________________________________________________________________________________________

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Please check the appropriate box to indicate your position in the Conference organization

Track Chair     Group Chair     Session Chair     Author/Presentor     Panel Chair     Panelist

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(Authors of published manuscripts must submit full registration fee with their final manuscript)

Registration received after June 14 may be subject to late fees.

<table>
<thead>
<tr>
<th>Registration for 1st paper</th>
<th>Full Reg.</th>
<th>Comprehensive Reg. (includes Sun. tutorial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS Members:</td>
<td>$450.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Non-Members:</td>
<td>$550.00</td>
<td>$700.00</td>
</tr>
<tr>
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<td>$250.00</td>
<td>$400.00</td>
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<tr>
<td>Student Non-Member (Author**)</td>
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<td>$435.00</td>
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<tr>
<td>Tutorial (1/2 Day)</td>
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Reservations must be received by June 20, 2003 to qualify for conference rate. Those received after this date will be accepted on a space available basis only.

Arrival Date: _____/_____/_____
Departure Date: _____/_____/_____

Please reserve accommodations for:

Name: _________________________________________________________________________________
Sharing room with: ______________________________________________________________________
Company: ______________________________________________________________________________
Address: _______________________________________________________________________________
City: ____________________________________     State: _____________     ZIP: _____________________
Phone Number: ____________________________     Fax Number: _____________________________
Credit Card Number: _____________________________________________________________________
Cardholder's Name: ______________________________________________________________________

Room Preference:  ❑ Smoking       ❑ Non-Smoking

Room Rate:  ❑ Single: $185.00       ❑ Double: $185.00

The above rates are quoted in Canadian Dollars. Please estimate an exchange rate of 1.55 for a US equivalent of $119.00 respectively. Add 14.5% Hotel Tax

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Please return this reservation request to:
Wyndham Montreal
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Montreal, Quebec H5B 1E5, Canada
Phone: 514-285-1450
Fax: 514-841-2069