

SAC 2006 REGISTRATION FORM
August 17-18, 2006 Montreal, Quebec, Canada

Surname: _____ Given Name: _____

Organization: _____

Address: _____

_____ Postal/ZIP Code: _____

Phone: _____ e-mail: _____

Check here if you do NOT want your contact information included in the workshop list of participants.

CONFERENCE REGISTRATION: (Please check the appropriate box.)

** You must be enrolled as a full-time student to receive student rate. **

Early Registration (by July 10): \$350. \$ _____
 Late Registration (after July 10):\$400. \$ _____
 Early Student Registration (by July 10): \$200. \$ _____
 Late Student Registration (after July 10): \$250. \$ _____
 Extra Banquet Tickets @ \$50 each:.....()x\$50. \$ _____
TOTAL AMOUNT PAYABLE:..... \$ _____

Notes: - The total amount must be paid upon registration.
- Receipt will be issued for the registration amount only.

Method of Payment:Credit Card Cheque in Canadian funds
(payable to "Concordia University")

Payment by Credit card (select one): Visa Mastercard

Name on Card: _____

Card Number: _____ Expiry Date: ____/____(mo/yr)

Cardholder's signature: _____

Mail or FAX this form to: (514) 848-3171 Attn: Ms. Sheryl TABLAN
SAC 2006
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