Student Registration Form

Sixth Annual Northwestern Regional Conference Consortium for Computing Sciences in Colleges

October 8-9, 2004 — Willamette University, Salem, Oregon

Personal Data	1	Student Registration Data			
Type of address	ss: Home	(B	Early y Sept. 15	On Site	Amount
Name:	Business	Registration: Reduced student ra	\$25 ate	\$25	
Position:		Proceedings:	\$10	\$10	
Department:		r roccamgs.	ΨΙΟ	Ψ10	
Institution:					
Address:		Friday Banquet	\$25	\$25	
		& Saturday Lunch Vegetarian?	∷ ☐ No ☐ Yes		
City:					
State/Zip:		—			
Phone:		Total (sum of amo	ounts paid):	
Fax:					
Email:					
I 🗌 do	do not wish my name included in a	published participant list.			
I 🗌 do	do not wish my name added in the	CCSC listserver(s).			
_	ion includes the following: access to all vertex eat extra cost.	endors and sessions. Meals	s and copi	es of the Prod	ceedings are
	nake checks or P.O.'s out to CCSC (the opt credit cards. The Consortium will asse				
Please m	ail this form along with your payment t	to:			
	Timothy Rolfe, Ph.D.	For more information	, please se	e the confere	nce Web site at
	Computer Science Department	http://www.ccsc.org/			
	Eastern Washington University	O + +D D 10	. TD 10 4	^ 1	
	202 Computer Sciences Building Cheney, WA 99004-2812	Or contact Dr. Rolfe a or by phone at (509)			