

DCC Registration Form

Print this form, fill it in, and mail with payment to:

DCC Registration
Computer Science Department, MS 018
Brandeis University
415 South Street
Waltham, MA 02454

FIRST NAME: _____

LAST NAME: _____

AFFILIATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

FULL-TIME STUDENT: NO ___ YES ___ (include a photocopy of your student ID)

AMOUNT ENCLOSED: _____

** Each person who attends the conference must register and each registration may cover up to two papers / posters for which he or she is a coauthor; please list here the number and title of at most two of your papers / posters that you wish to have covered by this registration:

number: _____ title: _____

number: _____ title: _____