ISQED REGISTRATION FORM

2014 International Symposium on Quality Electronic Design
March 3-5, 2014 Santa Clara Convention Center, Santa Clara, CA

You can either register online at www.isqed.org or complete this form and fax or mail it. Do not register online and send in this form. It will result in duplicate bill-

Last Name _____   First Name _____

Company/University _____

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City _____ State/Country _____ Zip Code _____

Work Phone (____)_____ Fax (____)_____ Email _____

IEEE/ACM Membership #: _____   Student ID#: _____   University Contact Person: _____

Registration Type	Registration Category	Advance Registration (postmarked by Feb. 15, 2013)	After Feb. 15 or at the Conference	Total Due
Conference Technical Sessions (Tuesday - Wednesday) Fee includes admission to Tues. - Wed. sessions, and one copy of the conference proceedings on CD. Does not include admission to Mon. Tutorials.	**Member IEEE** **Non-Member** **Full Time Student**	............$599 ....$649 ....$399	............$649 ....$699 ....$449	$............... $............... $...............
			Total Registration $	$ _____
Tutorials (Monday) Fee includes admission to all tutorials on Mon., one copy of the tutorials workbook and one Mon. lunch ticket	**Member/Non-member** **Full Time Student**	............$300 ....$300	............$329 ....$329	$ _____ $ _____
			Total Tutorial $	$ _____
			Total Panels $	$ _____
Miscellaneous	**Tickets for extra:** **Proceedings CD** **Extra Tuesday Lunch**	............$50 ....$65	............$50 ....$70	$............... $...............
			Total Misc. $	$ _____
			Grand Total Enclosed	$ _____

Registration payment can be made by credit card (MasterCard, VISA, AmEx, Discover only) or check (US dollars on a US Bank).

Make checks payable to ISQED.

- Payment must be enclosed to process this form
- Faxes accepted with credit card payment ONLY
- Requests for cancellations or refunds must be received by Feb. 10
- A $100 processing fee will be withheld from all refunds

Payment Method:
_____ Check (payable to ISQED, US $$ on US Bank)
_____ Credit Card (MasterCard, VISA. AmEx, Discover)

Card Number _____   Name on the Card _____
Expiration Date _____   Card Holder's Billing Address _____

Mail or fax this form and payment to:
ISQED
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IT MIGHT RESULT IN DUPLICATE CHARGING

_____ Wire Money (contact ISQED for wiring information)

Signature _____