

**ISQED REGISTRATION FORM**

**2014 International Symposium on Quality Electronic Design**

March 10-12, 2014 Techmart Center, Santa Clara, CA

*You can either register online at [www.isqed.org](http://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-*

<b>For Office Use Only</b>	
Deposit #: _____	Refund: _____
Date: _____	Date: _____
Check #: _____	
Amount: \$ _____	

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company/University \_\_\_\_\_

Address \_\_\_\_\_

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
<b>Conference Technical Sessions (Tuesday - Wednesday)</b> 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	\$.....
		.....\$649	.....\$699	\$.....
		.....\$399	.....\$449	\$.....
			<b>Total Registration \$</b>	\$ _____
<b>Tutorials (Monday)</b> 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	.....\$329	\$ _____
		.....\$300	.....\$329	\$ _____
			<b>Total Tutorial \$</b>	\$ _____
			<b>Total Panels \$</b>	\$ _____
<b>Miscellaneous</b>	Tickets for extra:  Proceedings CD Extra Tuesday Lunch	.....\$50	.....\$50	\$.....
		.....\$65	.....\$70	\$.....
			<b>Total Misc. \$</b>	\$ _____
			<b>Grand Total Enclosed</b>	\$ _____

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)

\_\_\_\_\_ Wire Money (contact ISQED for wiring information)

Card Number  
Expiration Date

Name on the Card  
Card Holder's Billing Address

Signature

**Mail or fax this form and payment to:**

ISQED  
26744 Arastradero Rd.  
Los Altos Hills, CA 94022  
Fax: (408) 516-8228

**DO NOT BOTH MAIL AND FAX THIS FORM...  
IT MIGHT RESULT IN DUPLICATE CHARGING**