

## ATTENDEE REGISTRATION FORM: LinuxWare 2009

Please complete this form (TYPE or PRINT) and return by **March 31, 2009** for early registration rate.

FIRST Name: \_\_\_\_\_ MI \_\_\_\_\_ LAST Name: \_\_\_\_\_

Title ( *Dr / Mr / Mrs / Ms* ): \_\_\_\_\_ Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>EARLY REGISTRATION FEE (RECEIVED BY March 31, 2009)</b>		
Speaker*	\$0.00	_____
Attendee	\$125.00	_____
Student*	\$ 25.00	_____
<b>REGISTRATION FEE (RECEIVED AFTER March 31, 2009)</b>		
Speaker*	\$0.00	_____
Attendee	\$150.00	_____
Student	\$ 25.00	_____
*Registration fee will be waived for speakers & students	<b>TOTAL:</b>	_____

**METHOD OF PAYMENT:**  Check  Money Order  Visa  MasterCard

Payment may be made by check, International money order (in U.S. dollars drawn on a U.S. Bank made payable to ISCA), or credit card in U. S. Dollars.

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ / \_\_\_\_\_ **Security Number on Back of Credit Card** \_\_\_\_\_

**Print Name as it appears on Card** \_\_\_\_\_

**Billing Street Address #** \_\_\_\_\_ **ZIP CODE of Billing Address** \_\_\_\_\_

(Signature REQUIRED)

**REGISTRATION FEES ARE NON-REFUNDABLE.**

FAX (570) 422-3490 or mail this completed form along with the Registration Fee and the signed Copyright Form to:

**Linuxware 2009  
Computer Science Department  
East Stroudsburg University  
200 Prospect Street  
East Stroudsburg, PA 18301-2999**

If you have any registration questions, please contact us: Phone: (570) 422-3523; Fax: (570) 422-3490; Email: dcouchman@po-box.esu.edu