Packet Video'99 Workshop
Registration Form

Name: ____
(Last) (First) (Middle Initial)
Affiliation: ____

Mailing Address: ____
(Street, City, State, Zip, Country)
Title: ____

Phone Number: ______________________ Fax Number: ______________________

If Author, Paper Title: ____
A/V Equipment need: ____

Registration fee includes welcome reception, two breakfasts, two lunches, morning and afternoon coffee & snacks, social event (a dinner cruise around Manhattan), all sessions and workshop CD-ROM.

Total Amount Due: $350.00 (U.S) before April 19, 1999; $400.00 (U.S.) afterward.

□ Check/Money Order Enclosed (Please send payment in U.S. funds only. Do not send cash. Make checks payable to: Columbia University and mail to:

Ms. Lourdes Dela Paz
Columbia University, Department of Electrical Engineering
1312 S.W. Mudd Building, 500 West 120th Street
New York, NY 10027-4712, USA
Tel : +1 212 854 1745 Fax : +1 212 932 9421 email: deng@ee.columbia.edu

Name on the Credit Card (if different from your name):

____

Credit Card billing address (if different from your address):

____

Charge My: □ Master Card □ Visa

Credit Card Number: □□□□□□□□□□□□□□□□

Expiration Date: □□/□□

Cardholder's Signature: ____

Please FAX this form to: +1 212 932 9421