

First Name _____ Last Name _____
 Company/Institution _____
 Address _____

 City _____ State/Province _____
 Zip/Postal Code _____ Country _____
 Tel _____ Fax _____
 E-mail _____

Mail Form to:
 CHI 2002 Registration
 61 Alafaya Woods Blvd., #199
 Oviedo, FL 32765 USA
Same address applies to express mail or courier.
Fax to: + 1 407 366 4138
Online Registration
 www.acm.org/chi2002

FEES in U.S. DOLLARS <i>(Please circle the appropriate fee)</i>	On or Before 7 March 2002			8 March - 4 April 2002			After 4 April 2002 <i>(No confirmation provided)</i>		
	Student	Member	Non-Member	Student	Member	Non-Member	Student	Member	Non-Member
Conference Fee (CF) Only	\$130	\$455	\$601	\$150	\$655	\$801	\$170	\$855	\$1,001
Each Half-Day Tutorial (with CF)	\$120	\$290	\$290	\$140	\$390	\$390	\$160	\$490	\$490
Each Full-Day Tutorial (with CF)	\$240	\$580	\$580	\$280	\$780	\$780	\$320	\$980	\$980
Each Half-Day Tutorial (without CF)	\$195	\$350	\$350	\$215	\$450	\$450	\$235	\$550	\$550
Each Full-Day Tutorial (without CF)	\$390	\$700	\$700	\$430	\$900	\$900	\$470	\$1,100	\$1,100

- I do NOT want ACM SIGCHI Membership included in the non-member conference fee.
- I do NOT want my name on a mailing list given or sold to outside organizations.
- I would like to have Child Care Program information.
- Please rank the roles below that you perform in your work
(1 = main role, 2 = 2nd role, 3 = 3rd etc., blank = not performed)
 Designer: ___ Educator: ___ Evaluator: ___ Manager: ___ Researcher: ___
 Other *(please state)* _____ Rank: ___
- I am a member of ACM or ACM SIGCHI: _____
 My membership number is: _____
- I am a full-time student and will provide proof of current student status with my registration.
- This is my first time attending CHI.
- I would like to receive the CHIKids Newsletter.
- I have Special Needs: _____

TUTORIAL SELECTIONS (Please circle tutorial numbers)

PAYMENT COMPUTATION

	UNITS	TUTORIAL NUMBERS
Saturday Evening	1	1 2
Sunday Full-Day	2	3 4 5 6 7 8 9 10 11 12 13 14 15 16
Monday Full-Day	2	17 18 19 20 21 22 23 24 25 26 29 30 31
Monday Morning	1	27
Monday Afternoon	1	28
Monday Evening	1	32
Total Units	<input type="text"/>	Add Tutorial units above; the maximum number of units is 6.
2nd Choice		Saturday: _____ Sunday: _____ Monday: _____

For CEU credits, please provide your social security number or other personal ID number:

CEU credit is optional. Compute appropriate CEU fees in payment computation section.

Conference Fee _____
 Half-Day & Evening Tutorial: _____ x US\$ _____
 Full-Day Tutorial: _____ x US\$ _____
 CEU Fee per Tutorial Unit: _____ x US\$5 _____
 Workshops Fee (accepted registrants only) _____
CHI 2002 | AIGA Experience Design FORUM:
 AIGA or SIGCI Members _____ x US\$295 _____
 Non-members _____ x US\$395 _____
 AIGA Membership number _____
 Accompanying Person (incl. reception) US\$95 _____
 Acc. Person's Name: _____
 Extra Reception Tickets: _____ x US\$50 _____
 7-12 yrs. old Reception Ticket: _____ x US\$25 _____
 Extra Proceedings: _____ x US\$50 _____
 Extra Extended Abstracts: _____ x US\$25 _____
 Extra NTSC Video: _____ x US\$20 _____
 Extra PAL Video: _____ x US\$20 _____
 Mugs: _____ x US\$7 _____
 T-shirts: † M L XL _____ x US\$15 _____
 Sweat shirts: † M L XL _____ x US\$25 _____
 Free video with registration †: _____ o NTSC o PAL
 Total Fees Enclosed: \$ _____

†Circle shirt size and/or check video format.
 Conference is not responsible for unclaimed merchandise.

WORKSHOPS (Please circle workshop numbers)

Sunday and Monday	US\$180	1 2
Sunday Only	US\$90	3 4 5 6 7 8 9 10 11
Monday Only	US\$90	12 13 14 15 16 17 18 19 20

Workshops are open to Accepted Registrants Only (See page 14.)

Forms without payment will NOT be processed. Make checks and money orders payable to ACM/CHI 2002. Wire transfers, purchase orders and government vouchers will not be accepted. Credit card charges will be processed at the US dollar fee. If paying by Visa, MasterCard, or American Express, please provide the credit card information in full to avoid delays:

PAYMENT

Card Number: _____ Exp. Date: _____
 Cardholder's Name: _____
 Cardholder's Signature: _____