## **CCSCNE 2015 Registration Form**

College of the Holy Cross April 17-18, 2015 Worcester, MA

## **Student Attendee**

Your registration includes admission to all conference activities including the vendor display, the conference banquet on Friday evening and the pre-conference workshops (if space is available). If you would like copies of the Proceedings, or guest tickets for the Friday evening banquet, please indicate below. Please note that there is NO Saturday luncheon.

Line there is 110 Battarday rane															
Please mail the registration for	m below	with ch	neck made	e out to C	CCSC	(Consor	tium for Co	mput	ng Sc	iences ir	Colleges) to	):			
Mark Hoffman, Registration Co-Chair Mathematics/Computer Science Dept. Quinnipiac University 275 Mount Carmel Ave., TH-ENR, Hamden, CT 06518							Email:mark.hoffman@quinnipiac.edu Phone: (203) 582-8449 Fax: (203) 582-8709								
Name:	Name:														
Email:															
Address:															
City, State, Zip:															
Are you a student presenter?	Yes	No	Are you part of a programming team? No Yes: (Name of school)												
If you are a presenter or on a	f you are a presenter or on a programming team, list advisor's name and e-mail below.														
Advisor's Name:															
Advisor's E-mail:															
Do you wish to be included (with your contact information) in the						articipants list?					YES	NO			
Conference Information:															
Item					r	Cost						Total			
Early Registration Fee (postmark by March 27, 2015)						\$50									
Late Registration Fee (postmark after March 27, 2015) and onsite Registration						\$50									
Extra Banquet Ticket						\$30									
Proceedings						\$10									
Previous Years' Proceedings(Year +Number)						\$10									
TOTAL: (Make check payable charge of \$25 for each check re					ed at t	he confe	erence. The	Cons	ortiun	n will ass	sess a				
Will you attend the Friday Banquet?					es	No									