

CCSCNE 2017 Registration Form

College of Saint Rose
April 7-8, 2017
Albany, NY

Regular (non-student) Attendee

Your registration includes a year's membership in CCSC as well as admission to all conference activities including the vendor display, a copy of the Proceedings, the conference banquet on Friday evening and the pre-conference workshops. If you would like additional copies of the Proceedings, or guest tickets for the Friday evening banquet, please indicate below. Please note that there is NO Saturday luncheon.

Please mail the registration form below with check made out to CCSC (Consortium for Computing Sciences in Colleges) to:										
Mark Hoffman, CCSCNE Registrar School of Engineering TH-ENR Quinnipiac University 275 Mount Carmel Avenue, Hamden, CT 06518					Email: mark.hoffman@qu.edu Phone: (203) 582-8449 Fax: (203) 582-7877					
Name:										
Position:										
Department:					Work Phone:()					
Institution:					Home Phone:()					
Email:					Fax: ()					
Address:										
City, State, Zip:										
Which section do you wish as your voting section?(Circle one) CentralPlains East MidWest MidSouth NorthEast NorthWest RockyMountain SouthCentral SouthEast										
From which sections do you wish to receive mailings? (Circle as many as you want) CentralPlains East MidWest MidSouth NorthEast NorthWest RockyMountain SouthCentral SouthEast										
Do you want to be included on mailing lists for official CCSC announcements?					YES		NO			
Do you wish to be included (with your contact information) in the participants list?					YES		NO			
Are you presenting a paper, tutorial, workshop, panel, poster or demo?(indicate whichever apply)				No	Paper	Tutorial	Workshop	Panel	Poster	Demo
Conference Information:										
Item	Number	Cost					Total			
Early Registration Fee (postmark by March 17, 2017)		\$135								
Late Registration Fee (postmark after March 17, 2017) and onsite Registration		\$170								
Extra Banquet Ticket		\$30								
Extra Proceedings		\$10								
Previous Years' Proceedings(Year +Number)		\$10								
TOTAL: (Make check payable to CCSC. Receipts will be provided on request. The Consortium will assess a charge of \$25 for each check returned to it by the issuing bank.										
Will you attend the Friday Banquet?		Yes	No							
Do you wish to be a poster judge?		Yes	No							