



# MobiHoc 2003 Registration Form

Annapolis, Maryland, USA  
June 1-3, 2003

## Contact Information (\* Required Fields)

Title\* (check one):  Prof.  Dr.  Mr.  Mrs.  Ms.

First Name\* Last Name\* E-mail Address\* (one only)

Company or Institution\* Telephone No. Fax No.

Mail Address

City State Zip Country

## Tutorial Registration (includes one coffee break)

Tutorial Program (Jun. 1 <sup>st</sup> , 2003)	On or Before <b>05/02/2003</b>		After <b>05/02/2003</b>	
	ACM/SIGMOBILE Member <sup>+</sup>	\$200 / each ( )	ACM/SIGMOBILE Member <sup>+</sup>	\$250 / each ( )
	Non-Member	\$250 / each ( )	Non-Member	\$300 / each ( )
	Full-time Student <sup>++</sup>	\$75 / each ( )	Full-time Student <sup>++</sup>	\$100 / each ( )
<input checked="" type="checkbox"/> Check the box <input type="checkbox"/> Tutorial 1: Radiowave Channel Modeling for Radio Networks (08:00 am ~ 12:00 pm) <input type="checkbox"/> Tutorial 2: Directional Antenna Systems in Ad-Hoc Networking (01:00 pm ~ 05:00 pm)				

## Technical Program Registration (includes a copy of the ACM MobiHoc2003 proceedings, breakfasts, lunches and refreshments)

Technical Program (Jun. 2 <sup>nd</sup> ~ Jun. 3 <sup>rd</sup> , 2003)	On or Before <b>05/02/2003</b>		After <b>05/02/2003</b>	
	ACM/SIGMOBILE Member <sup>+</sup>	\$300 ( )	ACM/SIGMOBILE Member <sup>+</sup>	\$350 ( )
	Non-Member	\$350 ( )	Non-Member	\$400 ( )
	Full-time Student <sup>++</sup>	\$200 ( )	Full-time Student <sup>++</sup>	\$250 ( )

<sup>+</sup>ACM Membership Number: \_\_\_\_\_

<sup>++</sup>Students must attach a photocopy of current student I.D.

Tutorial Fee (Number of Tutorials × Fee Per Tutorial)	\$ _____
Registration Fee	\$ _____
<b>Total Due</b> (Tutorial Fee + Registration Fee)	\$ _____

## Payment Information (Note that only credit card is acceptable. All fields are required.)

Charge to my:  Visa  Master Card  American Express

Card Number Expiring Date (MM/YY)

Print Cardholder's Name Cardholder's Signature

Your signature indicates your agreement to pay the fee with the credit card whose number is provided above.  
Cancellations must be received by **May 25<sup>th</sup>, 2003** and are subject to a \$50 cancellation fee.

**Submission:**  
Fax the filled out form to Dr. Raghupathy Sivakumar (+1-404-894-7883). For any information regarding the registration process, send email to siva@ece.gatech.edu