CONFERENCE REGISTRATION FORM -- *ICTE Tallahassee 2001*

To register to attend ICTE Tallahassee, please complete this form, and mail or FAX the completed form to the address or FAX number listed below. If you mail the Conference Registration Form, please do so in time for it to arrive by April 23, 2001. Letters and faxes sent to ICTE's Texas office cannot be answered after this date. Do not mail the Conference Registration Form unless you are sure it will arrive by this date; if in doubt, please FAX the form to the FAX number below. Registrations not mailed or faxed to be received by April 23, 2001, must be brought to the ICTE registration desk in Tallahassee (location to be announced) during ICTE on-site registration beginning Wednesday, May 2, 2001. Any questions regarding Registration should be directed to the Conference Secretariat Office at +1-972-641-0504 or (fax) +1-972-641-0792, or sent by e-mail to icte@icte.org.

PLEASE TYPE OR PRINT IN BLOCK LETTERS:

NAME: _____ Position / Title: _____

Organization:_____

Mailing Address:_____

State / Province / Country / Postal Code:_____

Phone (include country codes): _____ FAX _____ e-mail _____

[ ] I am interested in school visits -- details to be posted on the ICTE web site in March, 2001 (No charge for attendees.)

[ ] I would prefer visits on Tuesday, May 1 [ ] I would prefer visits on Wednesday, May 2 Number of persons _____

	Postmarked on or before March 31, 2001	Postmarked after March 31, 2001	Amount
Registration	$ 295	$ 330	_____
Thursday Eve. Informal Dinner / Reception	$ 25	$ 25	_____
Friday Evening Conference Banquet*	$ 35	$ 35	_____
Conference Proceedings**	$ 65	$ 115	_____
		Total Amount Enclosed:	_____

* Conference Dinner includes entertainment. ** Postage and packing included.

Registration Fees: (all amounts are in US Dollars)
[ ] SPECIAL NEEDS Please check here if you require special assistance to fully participate in ICTE. Attach a written description of needs. (Please request special services prior to March 31, 2001.)

Remit payment in U.S. dollars only. Make check or money order payable to **ICTE, Inc**. A Check, Money Order, Purchase Order or Credit Card number must accompany this form. DO NOT SEND CASH. Send payment and registration to the address at the bottom of this form.

Payment By: [ ] Check # _____ [ ] Purchase Order # _____ [ ] Money Order

[ ] MasterCard [ ] VISA [ ] AmEx

Account Number: _____ Expiration Date: _____

Name as it appears on Credit Card: _____

Credit Card Billing Address: _____

Signature:_____
(Required for Credit Card Payments)

TOTAL REMITTED _____ DATE _____

MAIL TO:

Conference Secretariat
ICTE Tallahassee 2001
Post Office Box 540579
Grand Prairie, Texas 75054-0579
USA

IF SENDING VIA COURIER (FedEx, Purolator, or other courier):

ICTE Tallahassee 2001
c/o Dr. Lynn Peterson
University of Texas at Arlington
Dept. of Computer Science and Engineering
416 Yates, 300 Nedderman Hall
Arlington, TX 76019 USA

FAX To: (Only if paying by credit card) +1-972-641-0792