

November 19-21, 2008

Advance Registration Form

HLDVT'08

IEEE International High Level Design Validation and Test Workshop

Hyatt Regency Lake Tahoe Resort, Nevada

1 PRINT ATTENDEE INFORMATION (or affix business card)

First Name _____ Last Name _____ Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

2 MEMBERSHIP STATUS

I certify that I am an IEEE member _____ member# _____
signature

I certify that I am a full-time student _____ student# _____
signature

Membership # must be included at time of submission to receive the membership rate. No refunds will be made for change in membership status. This is for individual memberships only. This does not apply to company memberships.

3 REGISTRATION OPTIONS (required)

CONFERENCE REGISTRATION	Before Oct. 16	After Oct. 16
___ 1) Full Conference member IEEE	\$440	\$555
___ 2) Full Conference non-member	\$555	\$690
___ 3) Student member	\$275	\$350
___ 4) Student non-member	\$325	\$395
Additional meal charges for companion(s)	\$100	\$100
Extra copy proceedings	\$50	\$50

Conference registration includes proceedings and the banquet dinner, Thursday, November 20.
After November 7, 2008, faxed registrations will not be accepted in office – You MUST register on-site.

Make full payment in US dollars. Use a **check drawn on a US bank or a major credit card**. Make checks payable to **IEEE/HLDVT'08**. Purchase orders are not accepted.

HLDVT sends informational pieces to attendees. If you do NOT want to receive this correspondence check here. _____

4 PAYMENT INFORMATION (required)

Credit Cards: ___ VISA ___ MASTERCARD ___ AMEX

Card # _____

Name _____ Exp. Date _____

Please print name as it appears on the credit card

Signature _____

I agree to pay the total amount according to the card issuer agreement. _____

Registration Fees	\$ _____
Additional Companion:	\$ _____
TOTAL COST	\$ _____

Make checks payable to IEEE/HLDVT '08.

HLDVT'08

5 SUBMIT VIA FAX OR MAIL TO:

HLDVT '08
Attn: Registration Desk
5405 Spine Rd., Ste.102
Boulder, CO 80301 USA

Fax registrations accepted with credit card payment only!
Phone Number: (303) 530-4562
Fax Number: (303) 530-4334
email: register@mpassociates.com

Refund Policy: Written requests for cancellations must be received on or before **October 16, 2008**, and are subject to a \$50.00 processing fee. Cancellations received after October 16, 2008, will NOT be honored and all registration fees will be forfeited. **After November 7, 2008, faxed registrations will not be accepted in office – You MUST register on-site. TELEPHONE REGISTRATIONS WILL NOT BE ACCEPTED! ANY REGISTRATION WITHOUT PAYMENT WILL BE DISCARDED!** If payment is received from a non-US bank, attendees will be charged a collection fee of \$30.00.