

Registration Information



ASSETS 2005

*The Seventh International ACM SIGACCESS
Conference on Computers and Accessibility*
October 9-12, 2005
Baltimore, MD (USA)

<http://www.acm.org/sigaccess/assets05>

Please register early, as space is limited.

To register, print the form at the end and then fax or mail a **completed copy** to:

John Black
ASSETS 2005
PO Box 1973
Tempe, AZ 85280
Fax: 480-965-1885
Office: 480-727-7985
Email: john.black@asu.edu

DISCLAIMER: Registration is not guaranteed until payment is received.

CONFERENCE REGISTRATION INCLUDES:

- *Assets 2005* Proceedings
- Admission to all conference presentations
- Welcome reception
- Breaks on all conference days

Attendees with a visual disability may choose a CD rather than paper version of the proceedings.
Please indicate if you prefer a CD version below.

Your Contact Information: (Type or print *clearly*.)

Name _____
 Affiliation _____
 Address line 1 _____
 Address line 2 _____
 City _____ State _____ Zip/Postal Code _____
 Country _____
 E-mail _____
 Phone _____ Fax _____

____ CD version of the proceedings needed instead of paper version

Accessibility needs: _____

Dietary restrictions: _____

REGISTRATION CATEGORIES and FEES (Prices in US dollars)

	On or before September 10, 2005	After September 10, 2005
ACM Member	_____ \$400	_____ \$550
ACM Member Number: _____		
non-ACM Member	_____ \$500	_____ \$650
Full-time Student	_____ \$250	_____ \$250
1 Day	_____ \$250	_____ \$250

PAYMENT

Please mail a **check** or **money order** payable to "**ACM/ASSETS**" with your completed registration form, or supply the credit card information below on your faxed copy.

Note: Cancellations made by September 24, 2005 will be refunded, minus a \$75 cancellation fee. No refunds will be made after September 24, 2005. However, you will receive the conference Proceedings.

Credit Card Information

Type: _____ Visa _____ Master Card _____ American Express
 (Sorry, we cannot accept Diners Club.)

Amount: _____

Name (as it appears on the card): _____

Card Number: _____
 (please print clearly)

Expiration (Month/Year): ____ / _____

Signature: _____