

NIME 2005 REGISTRATION FORM

Please print clearly

First Name: _____ Last Name: _____ Initial: _____

Name of Organization: _____

Mailing Address: _____

City: _____ Province/ State: _____ Country: _____

Email: _____ Phone Number: _____ Fax: _____

REGISTRATION FEE - Students must fax in a copy of student identity card to qualify for discounted rates.

<input type="checkbox"/> Full time student registration fee before April 15, 2005	Early registration fee	\$250 CDN
<input type="checkbox"/> Full time student registration fee after April 15, 2005	Late registration fee	\$300 CDN
<input type="checkbox"/> Registration fee before April 15, 2005	Early registration fee	\$400 CDN
<input type="checkbox"/> Registration fee after April 15, 2005	Late registration fee	\$475 CDN

Workshops

<input type="checkbox"/> Mobile Music Workshop (full day scheduled May 25, 2005)	Workshop fee	\$100 CDN
<input type="checkbox"/> CHUCK Workshop (1/2 day scheduled May 25, 2005)	Workshop fee	\$ 50 CDN

Additional Items *

<input type="checkbox"/> Do you want extra proceedings?	() quantity	\$25 CDN each
<input type="checkbox"/> Do you want an extra reception ticket?	() quantity	\$25 CDN each

* Conference fee includes 1 copy of the conference proceedings, 1 ticket to the reception and tickets to all NIME public concerts.

ACCOMMODATION - A limited of number of rooms in shared apartments and private suites are available. Accommodation requests will be processed on a first-come, first-served basis. Rooms must be booked by **April 15, 2005** to qualify for special rate. Cancellations after **April 15, 2005** will be subject to a 35% cancellation fee.

Select nights: Tues. May 24 Wed. May 25 Thurs. May 26 Fri. May 27 Sat. May 28

Shared Apartment Guests have separate rooms in a 6 bedroom apartment suite; guests share a lounge, washroom and television. Daily housekeeping service, bed linens and towels provided.

<input type="checkbox"/> Yes, please register me for a shared apartment suite	() # of nights	\$ 50.00 CDN per night
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We will assign rooms between all shared guests; please indicate preferences. Female only Male only No preference

Optional: Please specify any preferred sharing arrangements up to 5 names. 1. _____ 4. _____ 2. _____ 5. _____ 3. _____	Comments:
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Private Suites Suites equipped with kitchenette, private washroom, telephone and television. Daily housekeeping service, bed linens and towels provided.

<input type="checkbox"/> Studio Suite with one twin bed	() # of nights	\$ 85.00 CDN per night
<input type="checkbox"/> One Bedroom Suite with one double bed	() # of nights	\$105.00 CDN per night
<input type="checkbox"/> West Coast Suite with two twin beds and pull out sofa bed in living room	() # of nights	\$125.00 CDN per night

TOTAL PAYMENT (CDN\$): _____

- Bank draft (Please fax registration form immediately and direct payments to the "University of British Columbia")
- Visa or Master card payments (Please fax form to: +1 604-822-8989, NIME 2005 - Registration Services)

Direct payments, registration forms and inquiries to:

Lavana Lea
University of British Columbia,
Media and Graphics Interdisciplinary Centre,
Forest Sciences Building, 3640 - 2424 Main Mall
Vancouver, BC, V6T 1Z4 CANADA
Phone: +1 (604) 822-8990
Fax: +1 (604) 822-8989
Email: lavana@cs.ubc.ca

Credit Card Authorization
Name of Cardholder: _____
Card Number: _____
Expiry Date: _____
Signature: _____
<i>By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policy should I cancel my hotel reservation.</i>

Please fax ALL registrations to: NIME 2005 Conference Registration 1-604-822-8989