

# UbiComp 2006

The Eighth International Conference on Ubiquitous Computing

## Orange County

Items marked with \* are required.

First (given) name and initial: \_\_\_\_\_ \*

Last (family) name and initial: \_\_\_\_\_ \*

Title: \_\_\_\_\_

Name as preferred on badge: \_\_\_\_\_ \*

Company/Institution: \_\_\_\_\_ \*

Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ \*

State/Province (US and Canada only): \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ \*

Phone: \_\_\_\_\_ \*

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ \*

\_\_\_ I am a regular attendee.

\_\_\_ I am a student. I will include a copy of my student ID with this form.

**Please circle all that apply:**

Category		On or Before August 18, 2006		After August 18	
		Regular	Student	Regular	Student
<input checked="" type="checkbox"/>	<b>UBICOMP 2006 Main Conference</b>	480.00	240.00	720.00	360.00
Workshops (Select below)	<b>One 1-day workshop</b>	80.00	80.00	120.00	120.00
	<b>One 2-day workshop</b>	140.00	140.00	210.00	210.00
	<b>Two (1-day) workshops</b>	150.00	150.00	225.00	225.00

Please indicate the workshops that you wish to attend, after consulting the conference's web site. Give the workshop number (e.g. W2). *Unless noted, workshop participation is by invitation only.*

I wish to attend the following workshop(s): \_\_\_\_\_

## Other Purchases:

Please fill in the quantity of each item desired.

Quantity	Price	Item
<input type="text"/>	50.00	Additional Proceedings
<input type="text"/>	60.00	Additional Demos Reception Ticket (per guest), Tuesday evening
<input type="text"/>	80.00	Additional UCI Dinner Ticket (per guest), Wednesday evening

**Total payment due:** \_\_\_\_\_

## Payments

Payments are to be made in US dollars only. Full payment is required at the time of registration. We take credit cards and checks.

- If paying by check, make the check payable to **The Regents of the University of California**, and mail this form, along with the check, to:

UbiComp 2006 c/o Prof. Cristina Lopes  
Bren School of Information and Computer Sciences  
University of California  
Irvine, CA 92697, USA

- If paying by credit card, please provide the following information and fax this form to the number below.

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Credit card number: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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Fax: 1-866-483-0164 (toll free) or +1-303-530-2691