

First Name:	Last Name:	Middle Initial:	Title:
Address 1:			
Address 2:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	
Registration Fee:	Student (\$15.00)	Non-Student (\$50.00)	
Payment Method:	Cash	Check (Make payable to DePaul CTI)	Credit Card
Credit Card Type:	Visa	Master Card	Discover
Credit Card Number:	Exp Date:		
First Name:	Last Name:	Middle Initial:	Title:
Address 1:			
Address 2:			
City:	State:	Zip:	Country:
Phone:			

Billing Address (If different from mailing address)

Address 1:

Address 2:

City:

State:

Country:

Zip:

Phone:

Send to:

Fax: Attention: Michael Fries
312 362 6116
(Credit Card Payments Only)

Mail: Attention: Michael Fries
School of Computer Science, Telecommunications and Information Systems
DePaul University
243 South Wabash Avenue, 60604-6116
USA