# Preregistration Form

Eighth SIAM Conference on
**Parallel Processing for Scientific Computing**

**March 14-17, 1997**
Hyatt Regency Minneapolis on Nicollet Mall Hotel
Minneapolis, Minnesota

## Registration Fees

**Preregistration Deadline:**
**Friday, February 28, 1997**

| | SIAG/SC* Member | SIAM Regular Member | Non-Member | Student |
|---|---|---|---|---|
| Short Course 3/13/97 | | | | |
| Preregistration (Prior to 2/28/97) | $135 | $135 | $165 | $55 |
| Registration (After 2/28/97) | $165 | $165 | $195 | $75 |
| Conference 3/14-17/97 | | | | |
| Preregistration (Prior to 2/28/97) | $185 | $190 | $220 | $50 |
| Registration (After 2/28/97) | $215 | $220 | $250 | $50 |
| Total Amount Paid | $_____ | $_____ | $_____ | $____ |

**SIAM Activity Group on Supercomputing*

**Please Print:**

Name _____

Organization _____

Department _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Fax _____

Home Address _____

City _____ State _____ Zip _____

**Please send all SIAM correspondence to the following address:**

☐ Home Address ☐ Business Address

Please update my SIAM records to reflect the above: ☐ Yes ☐ No

Are you a disabled participant that requires appropriate accommodations? ☐ Yes ☐ No

SIAM wishes to take steps to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you need any auxiliary aids or services identified in the Americans with Disabilities Act, or any assistance in registering for this conference, please contact Coley Lyons at 215-382-9800 or write to her at Society for Industrial and Applied Mathematics, 3600 University City Science Center, Philadelphia, PA 19104-2688.

**Name Badge Information:**

NAME BADGE - I prefer my name and affliation to read as follows:

Name (20 characters): _____

Affliation (20 characters): _____

**Payment Information:**

I wish to pay by: ☐ AMEX ☐ VISA ☐ MC

Credit Card Number: _____ Expiration Date:_____/_____

*Please submit this information to SIAM.*