

SAC 2002 REGISTRATION FORM
August 15-16, 2002, St. John's, Newfoundland, Canada

Surname: _____ Given Name: _____

Organization: _____

Address: _____

_____ Postal Code: _____

Phone: _____ e-mail: _____

CONFERENCE REGISTRATION: (Please check the appropriate box.)

** You must be enrolled as a full-time student to receive student rate. **

☐ Early Registration (by July 12): \$300....\$_____

☐ Late Registration (after July 12): \$350....\$_____

☐ Early Student Registration (by July 12): \$150....\$_____

☐ Late Student Registration (after July 12): \$200....\$_____

Whale watching excursion @ \$42 per ticket: ()x\$42....\$_____

Signal Hill / Cape Spear excursion @ \$12 per ticket: ()x\$12....\$_____

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TOTAL AMOUNT PAYABLE: \$_____

Notes: - The total amount must be paid upon registration.

- A receipt will be issued for the registration amount only.

Method of Payment: ☐ Credit Card ☐ Cheque in Canadian funds
(payable to "Memorial University of Newfoundland")

Payment by Credit card (select one): ☐ Visa ☐ Mastercard

Name on Card: _____

Card Number: _____ Expiry Date: ____/____(mo/yr)

Cardholder's signature: _____

Is a vegetarian meal required for the banquet? YES ____ NO ____

Please indicate any other special dietary requirements:

Mail or FAX this form to: Yvonne Raymond
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Memorial University of Newfoundland
St. John's, NF
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