

First Name _____ Last Name _____
 Title _____
 Affiliation _____
 Address _____
 City _____ State/Province _____
 Zip/Postal Code _____ Country _____
 Tel _____ Fax _____
 Email _____

- ACM member number (required for member rates): _____
 I am a member of the Press and am enclosing Media credentials
 I am requesting Vegetarian meals
 Special needs (please specify): _____

We will not use any of the information you provide to us for any purpose other than official CFP conference activities. A printed roster will be distributed to registered conference attendees that will include your name, title and affiliation. If you wish, we will also include any of the following that you check:

- Mailing Address E-mail Address Phone Fax
 Don't include me in the printed roster

WORKSHOP/TUTORIAL SELECTION (please circle selections)

Workshop:	W1				
Morning Tutorials:	T1	T2	T3	T4	
Afternoon Tutorials:	T5	T6	T7	T8	

FEES IN U.S. DOLLARS (please circle appropriate fees)

On or Before 10 April 2007	Student	ACM Member	Non-Member	Press
Full Conference	75	550	625	n/c
One-day Workshop	75	150	175	100
Each Half-day Tutorial	50	75	100	75
After 10 April 2007 & On-site	Student	ACM Member	Non-Member	Press
Full Conference	100	675	725	n/c
One-day Workshop	75	175	200	100
Each Half-day Tutorial	50	105	130	75
Advance Registration & On-site	Student	ACM Member	Non-Member	Press
One-Day Conference	50	250	250	n/c
Please check only one day:	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	

PAYMENT COMPUTATION

Conference fee	\$ _____
Workshop fee	\$ _____
Morning Tutorial fee	\$ _____
Afternoon Tutorial fee	\$ _____
Meal tickets	\$ _____
TOTAL FEES ENCLOSED:		\$ _____

PAYMENT INFORMATION

Please make checks payable in U.S. Dollars to ACM/CFP2007.
 If paying by Visa, MasterCard, or American Express, please complete the following credit card section in full. Your signature indicates your agreement to pay the fees with the credit card number provided:

Card Nr. _____ Card ID Code* Expires _____
 Cardholder's Name _____ Cardholder's Signature _____

Billing Address (if different from above)

* Required: last 3-digit code on back of Visa/MasterCard signature tape, or 4-digit code on front of American Express above card number.



CFP2007

The 17th Conference on Computers, Freedom & Privacy

Montreal, QC, CANADA
 May 1 - 4, 2007

Advance Registration Form

EARLY FEES DEADLINE: April 10, 2007
Last day to register online: April 27, 2007

Members of the Press are invited to cover CFP2007 at no charge, except for meals. Meal tickets for Press and persons accompanying attendees but not attending the conference may be purchased below:

- Wednesday lunch \$35
 Thursday lunch \$35
 Thursday dinner \$45
 Friday lunch \$35
 Total meal tickets: \$ _____

Full Conference fee includes three lunches, one dinner, all breakfasts, and breaks. One-day Conference fee includes lunch, breakfast and breaks for that day and dinner on Thursday only.

To be eligible for the student rate, you must be a full-time student in an undergraduate, graduate, or professional degree program. A valid student ID or other proof of student status will be required at the time of registration and check-in. Students who wish to guarantee a space in tutorials must pre-register and pay the tutorial fee.

Cancellation requests received in writing and postmarked by April 27, 2007 will be honored. A cancellation fee of \$35 will apply. Please allow two to four weeks for processing after the conference.

Payment must accompany registration form in order to be processed. Purchase orders, telephone orders, and wire transfers are not accepted.

Mail Form with Payment to:

CFP2007
 c/o Registration Systems Lab
 779 East Chapman Road
 Oviedo, FL 32765 USA

Fax to +1 407 366 4138

or Register on-line at:
<http://www.regmaster.com/conf/cfp2007.html>

For general information about CFP2007, visit the conference web site at <http://www.cfp2007.org>

For registration inquiries only, please e-mail: mandy.mann@regmaster.com

