

First Name _____ Last Name _____
 Name for Badge _____
 University/Organization _____
 Address _____
 City _____ State/Province _____
 Postal/Zip Code _____ Country _____
 Tel. _____ Fax _____
 Email _____

SIGMOD/PODS 2008

Advance Registration Form

June 9 - 12, 2008
 Vancouver, Canada



- I would like vegetarian meals.
- My ACM or SIGMOD member number is: _____
- Special Needs: _____

Registration Deadlines:

Forms must be faxed or postmarked by Friday, May 9th, 2008 to qualify for the early registration rates.

Advance registration ends on Friday, May 30th, 2008. After this date, please register on-site.

FEES SCHEDULE IN U.S. DOLLARS

(please circle applicable fees)

	On or Before May 9th 2008				After May 9th 2008 & On-site				
	Member	Non-Member	Student Member	Student	Member	Non-Member	Student Member	Student	
SIGMOD/PODS Conference	\$550	\$750	\$240	\$380	\$750	\$950	\$400	\$500	\$ _____
DaMoN 2008 (June 13)	\$60	\$90	\$30	\$30	\$60	\$90	\$30	\$30	\$ _____
DBTest 2008 (June 13)	\$25	\$50	\$15	\$15	\$25	\$50	\$15	\$15	\$ _____
IDAR (June 13)	\$75	\$95	\$50	\$50	\$75	\$95	\$50	\$50	\$ _____
MobiDE (June 13)	\$75	\$125	\$45	\$45	\$75	\$125	\$45	\$45	\$ _____
WebDB (June 13)	\$70	\$140	\$35	\$35	\$70	\$140	\$35	\$35	\$ _____
XIME-P (June 13)	\$60	\$90	\$35	\$35	\$60	\$90	\$35	\$35	\$ _____
2-year SIGMOD membership*									
Online membership	n/a	\$30	n/a	n/a	n/a	\$30	n/a	n/a	\$ _____
Online PLUS membership	n/a	\$50	n/a	\$30	n/a	\$50	n/a	\$30	\$ _____
Extra Banquet ticket for Guest (at the Museum of Anthropology)						ticket(s) x \$140			\$ _____
* SIGMOD membership (starting July 1, 2008) will qualify you for the member rate for the conference. Other benefits for each membership level can be found at www.sigmod.org .									TOTAL FEES: \$ _____

Conference registration includes admission to both conferences, electronic copies of both proceedings (SIGMOD and PODS), and all conference social events.

Confirmation letters will be emailed within 5 to 7 days of registration receipt.

Students are required to complete the following section:

I certify that this person is a student at an educational institution.

Advisor's Name: _____

Advisor's E-mail: _____

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

Cancellation Policy: Cancellations made in writing and faxed or postmarked by May 20, 2008 will be accepted subject to a \$75 cancellation fee. Refunds will be made within four weeks of the end of the conference. Cancellations will not be accepted after May 20, 2008. "No shows" are not refundable and are liable for the full registration fee. Instead of canceling, your registration may be transferred by giving a colleague a written authorization.

PAYMENT INFORMATION

Please make checks payable in U.S. Dollars to **ACM/SIGMOD 2008**.

If paying by Visa, MasterCard, or American Express, please complete the following section in full. Your signature indicates your agreement to pay the fees with the credit card number provided below:

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.

Mail Form with Payment to:

SIGMOD/PODS 2008
 c/o Registration Systems Lab
 779 East Chapman Road
 Oviedo, FL 32765 USA

Fax to: +1 407 366 4138

or Register on-line at:

www.regmaster.com/conf/sigmod2008.html

Questions?

Please call: +1 407 971 4451

or email: mandy.mann@regmaster.com