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REGISTRATION FORM – CCSCE 2009

Consortium for Computing Sciences in Colleges 25th Annual Eastern Conference
 October 30 and 31, 2009 Villanova University, Villanova, Pennsylvania

Name: First _____ Middle _____ Last _____

School/University _____

Nickname for badge (Optional) _____

Work/Mailing Address _____

City _____ State/Prov _____ ZIP/Post code _____ Country _____

Phone Number _____ E-Mail Address _____

Registration fees below are in US Dollars. Full Conference Registration includes the conference banquet on Friday evening, continental breakfast on Saturday, luncheon on Saturday, refreshments during breaks, admission to all sessions, and one copy of the proceedings. Workshop(s) fees are additional and should be noted below if you plan to attend workshops. You must be registered for the full conference to qualify for workshop(s) registration.

Circle all applicable registration categories and fees.

<i>Category</i>	<i>Early Fee (by 09/30/2009)</i>	<i>Regular Fee (after 09/30/2009)</i>	<i>On Site Fee</i>
STANDARD	\$135	\$155	\$175
STUDENT	\$35	\$45	\$55
K-12 TEACHER	\$50	\$60	\$70
WORKSHOP 1: Fri 9:00-12:00, <i>Computer Science Unplugged</i>	\$6	\$8	\$10
WORKSHOP 2: Fri 9:00-12:00, <i>Puzzle-Based Learning</i>	\$6	\$8	\$10
WORKSHOP 3: Sat 2:45-5:45, <i>Cooperative Learning for CS1 and Beyond: Making It Work for You</i>	\$6	\$8	\$10
WORKSHOP 4: Sat 2:45-5:45, <i>The Animated Database Courseware (ADbC)</i>	\$6	\$8	\$10
WORKSHOP 5: Sat 2:45-5:45, <i>Turning a 14 Week Non-Major Class into a 7 Week Fast-Forward Class</i>	\$6	\$8	\$10

For additional banquet tickets, lunch tickets, and copies of the proceedings, complete the information below.

ADDITIONAL BANQUET TICKETS	_____ @ \$50 each = \$_____
ADDITIONAL LUNCH TICKETS	_____ @ \$25 each = \$_____
ADDITIONAL PROCEEDINGS	_____ @ \$25 each = \$_____
TOTAL AMOUNT DUE	\$_____ (Registration plus additional items)

PAYMENT INFORMATION

- If paying by CHECK or MONEY ORDER, make it payable to **CCSC**.
Checks **must** be drawn on a U.S. bank.
Note that CCSC will assess a charge of \$25 for each returned check.

- If paying by CREDIT CARD, fill in the information below:

CARD TYPE (check one) ☐ MC ☐ VISA ☐ AMEX

CARD # _____

Expiration date _____ Security Code on back _____

Billing Address (if different from above) _____

City _____ State/Prov _____ ZIP/Post code _____ Country _____

Cardholder's Name (if different from above) _____

Cardholder's Signature _____ Date _____

Mail your registration to the following address:

Vijay Gehlot
Department of Computing Sciences
Villanova University
800 Lancaster Avenue
Villanova, PA 19085

Email: vijay.gehlot@villanova.edu

Tel : 610-519-5843

Fax : 610-519-7889