



December 5-10, 2004

Paris Las Vegas  
Las Vegas, NV

# SPEAKER REGISTRATION FORM

3 Easy Ways to Register!

## Membership Number

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**1. Internet:**

www.cmg.org/conference

**2. Fax:**

856-401-1708

**3. Mail:**

Computer Measurement Group, Inc.

P.O. Box 8500-5545

Philadelphia, PA 19178-8500

For more information call 1-800-4 FOR CMG or 856-401-1700

**Important:** CMG is pleased to offer a discount on your conference registration fee. To obtain this discount you must register using this form. The options below reflect the discounted prices. If you are registering for Option 3 or 4, one of the days you choose **MUST** be a day that you are speaking. If you are transferring your discount to a co-author, please pass along this form for their use. **Only one (1) discounted registration per paper is allowed.**

Name: \_\_\_\_\_

For Corporate Badges (options 6 & 7) indicate the person to receive CMG literature

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Please include mail code

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please include country code

Your Badge Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your email address is required for a copy of the conference attendee list

☐ Please do not include my name for special offers or promotions from CMG partners.

Guest Name: \_\_\_\_\_

Guest Badge Name: \_\_\_\_\_

Special Meal Needs: ☐ Vegetarian ☐ Kosher

**Please Note:** Your badge will read exactly as indicated on this form. Please print or type all information clearly. You may make any corrections on this form so your database profile can be updated. Keep a copy of this completed form for your records.

### Transfer to Co-Author:

Name: \_\_\_\_\_

Badge Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Please include mail code

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please include country code

E-mail address: \_\_\_\_\_

YOUR E-MAIL ADDRESS IS REQUIRED FOR A COPY OF THE CONFERENCE ATTENDEE LIST

**CMG2004 Attendance Options:** Please mark the appropriate option and price. Complete this form and return it to the address at the top of the form. To take advantage of the Early Bird discount rate, your registration **must be received at CMG Headquarters** by the date listed below.

**Registration Fees:** Options 1-2 and 6-7 include attendance to all sessions, BOFs, Exhibitor Presentations, Exhibit access Tuesday-Thursday, Breakfasts and Lunches Tuesday-Friday, and PARS (Options 3 & 4 include the same functions for those days registered). Options 1, 5 & 6 include attendance to the Sunday Workshops, Breakfast and Lunch on Sunday. All registration options (EXCEPT options 6, 7, and 8) include a one year CMG membership for the year immediately following the conference.

**Refund Policy:** All cancellations must be in writing on company letterhead and must be received at CMGHQ by **November 19, 2004**. CMG will deduct the cost of a one-year membership plus a \$150 processing fee from all refunds. *No refunds will be issued after that date.*

**Cancellation:** If the CMG conference cannot be conducted due to acts of God, war, government regulation, disaster, strikes, civil disorder, curtailment of transportation facilities or other emergencies making it inadvisable, illegal or impossible to provide the facilities or to hold the meeting, each prepaid registrant will receive a copy of the conference Proceedings and any other gifts. Membership dues of pre registrants and other fixed conference expenses will be paid from the pre registration funds. Any remaining funds will be refunded to pre registrants. CMG is not responsible for any other costs incurred by pre registrants in connection with the conference.

Choose **one** of the options below. Option 8 may be an additional option.

		Early Bird by 10/15/04	Registration after 10/15/04
Option 1	Full Week Conference & Sunday Workshops	\$1,050.00 <input type="checkbox"/>	\$1,300.00 <input type="checkbox"/>
Option 2	Full Week Conference Only	\$775.00 <input type="checkbox"/>	\$1,025.00 <input type="checkbox"/>
Option 3	One Day Conf. (exhibits when open) <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. (choose only 1)	\$0.00 <input type="checkbox"/>	\$0.00 <input type="checkbox"/>
Option 4	Two Day Conf. (exhibits when open) <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri.	\$325.00 <input type="checkbox"/>	\$375.00 <input type="checkbox"/>
Option 8	Guest Registration: Breakfast and PARS tickets		\$350.00 <input type="checkbox"/>
<b>Add ICCP Certification (This program will run on Sunday. It is only available WITH options 2, 3, 4 or 7.)</b>			\$595.00 <input type="checkbox"/>
CMG2004 CD-Rom Proceedings: All registered attendees will receive on site with their collectibles			FREE <input checked="" type="checkbox"/>
CMG2004 Printed Proceedings - 2 Volume			\$60.00 <input type="checkbox"/>
<b>GRAND TOTAL</b>			

**Payment Options:** Full payment in US dollars, check, money order or credit card must accompany the registration form or the registration cannot be processed.

☐ Check Enclosed (payable to The Computer Measurement Group, Inc.)

☐ VISA

☐ Mastercard

☐ American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Cardholder (please print)

Signature of Cardholder (signifies authorization to charge credit card account)

**Note:** Monies paid to the Computer Measurement Group are not deductible as charitable contributions but may be deductible as ordinary & necessary business expenses. See your tax consultant for advice.