



Information Security Summer School

2004 Official Registration Form

FULL NAME

Last	First	MI

POSTAL ADDRESS

Street Address / Apartment Number			
City	State / Province	ZIP / Postal	Country

CONTACT INFORMATION

e-Mail Address (Please include the domain name!)	
()	()
Daytime Telephone Number	Evening Telephone Number

UNIVERSITY INFORMATION

Name of Institution Currently Attending / Instructing	
Degree Sought / Position Title	Expected Graduation Date (students only)

PAYMENT INFO

Contact Angela Shrum (850.645.1828 or shrum@cs.fsu.edu) to see if you qualify for free tuition. Please make all checks and money orders payable in the amount of \$100 to "FSU Foundation". Please note that we must have your driver's license number on the check in order to process your registration! Checks mailed without a valid driver's license number cannot be honored. Mail this form and your payment to the following address:

**Information Security Summer School 2004
c/o Angela Shrum, Florida State University
253 Love Building
Tallahassee, FL 32306-4530**

DISPLAY

☐ I wish to bring display materials for the Job Fair.

If you wish, you may bring display materials to share with the conference members during our Job Fairs. Please check this box if you wish to do so and we will contact you to assess your space requirements and other considerations.

Please contact Angela Shrum with any questions: 850.645.1828 or shrum@cs.fsu.edu
Or visit our website at: <http://www.sait.fsu.edu/summer2004>

**Limited seats are available!
Please register as soon as possible!**