

SenseCam 2009 Conference Registration

Name *(One form per person)* _____
 Title _____
 Institution / Organization _____
 Mailing Address _____
 City _____ State _____
 Zip / Country _____
 Work Phone _____ Work Fax _____
 Email _____

Conference Dinner

Friday, 16th October
 Maggiano's Little Italy
 516 North Clark St., Chicago, IL, 60654

Cost: \$70 per person
(Inclusive of dinner and non-alcoholic drinks)

Special Requirements

- Sign interpreter
 TDD
 Wheelchair access
 Dietary Needs

Yes, I will be attending the Conference Dinner.

No, I will not be attending the Conference Dinner.

Please register me for the following event(s):

<u>Event</u>	<u>Date</u>	<u>Cost</u> <i>(Per Person)</i>	<u>Total</u>
SenseCam 2009 Conference	16 – 17 October	\$160	\$ _____
Conference Dinner	16 October	\$70	\$ _____
TOTAL			\$ _____

Billing Details

Charge my Visa MasterCard American Express

Name of Cardholder _____

Card Number _____

Security Code _____

Expiration Date _____

Billing Address _____

City/State/Zip/Country _____

(Initial) By submitting this form, I authorize Vicon Motion Systems, Inc to charge my credit card in the above amount.

For Accounting Only			
Customer GP ID #:	_____	Tracking #:	_____
Customer Invoice #:	_____	Authorization #:	_____

Please return completed form to lindsay.gerber@vicon.com or fax to 1.303.799.8690 to the attention of Lindsay Gerber.