NIME 2005 REGISTRATION FORM

Please print clearly

First Name:     Last Name:                 Initial:
Name of Organization:
Mailing Address:

City:        Province/ State:             Country:
Email:        Phone Number:             Fax:

REGISTRATION FEE - Students must fax in a copy of student identity card to qualify for discounted rates.

☐ Full time student registration fee before April 15, 2005
☐ Full time student registration fee after April 15, 2005
☐ Registration fee before April 15, 2005
☐ Registration fee after April 15, 2005

Early registration fee $250 CDN
Late registration fee $300 CDN
Early registration fee $400 CDN
Late registration fee $475 CDN

Workshops
☐ Mobile Music Workshop (full day scheduled May 25, 2005)
☐ CHUCK Workshop (1/2 day scheduled May 25, 2005)

Workshop fee $100 CDN
Workshop fee $50 CDN

Additional Items *
☐ Do you want extra proceedings? (     ) quantity $25 CDN each
☐ Do you want an extra reception ticket? (     ) quantity $25 CDN each

* Conference fee includes 1 copy of the conference proceedings, 1 ticket to the reception and tickets to all NIME public concerts.

ACCOMMODATION - A limited number of rooms in shared apartments and private suites are available. Accommodation requests will be processed on a first-come, first-served basis. Rooms must be booked by April 15, 2005 to qualify for special rate. Cancellations after April 15, 2005 will be subject to a 35% cancellation fee.


Shared Apartment

☐ Yes, please register me for a shared apartment suite (     ) # of nights $50.00 CDN per night

We will assign rooms between all shared guests; please indicate preferences.  ☐ Female only ☐ Male only ☐ No preference

Optional: Please specify any preferred sharing arrangements up to 5 names.
1. _____________________________  4. _____________________________
2. _____________________________  5. _____________________________
3. _____________________________

Comments:

Private Suites

☐ Studio Suite with one twin bed (     ) # of nights $85.00 CDN per night
☐ One Bedroom Suite with one double bed (     ) # of nights $105.00 CDN per night
☐ West Coast Suite with two twin beds and pull out sofa bed in living room (     ) # of nights $125.00 CDN per night

TOTAL PAYMENT (CDN$): __________________

☐ Bank draft (Please fax registration form immediately and direct payments to the “University of British Columbia”)
☐ Visa or Master card payments (Please fax form to: +1 604-822-8989, NIME 2005 - Registration Services)

Direct payments, registration forms and inquiries to:

Lavana Lea
University of British Columbia,
Media and Graphics Interdisciplinary Centre,
Forest Sciences Building, 3640 - 2424 Main Mall
Vancouver, BC, V6T 1Z4 CANADA
Phone: +1 (604) 822-8990
Fax: +1 (604) 822-8989
Email: lavana@cs.ubc.ca

Credit Card Authorization

Name of Cardholder: ______________________
Card Number: ______________________
Expiry Date: ______________________
Signature: ______________________

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policy should I cancel my hotel reservation.

Please fax ALL registrations to: NIME 2005 Conference Registration 1-604-822-8989