

DCC Registration Form

Print this form, fill it in, and mail with payment to:

DCC Registration
Computer Science Department
Brandeis University
415 South Street
Waltham, MA 02454

FIRST NAME: _____

LAST NAME: _____

AFFILIATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

IEEE MEMBER: NO___ YES___ (IEEE membership number _____)

FULL-TIME STUDENT: NO___ YES ___ (include a photocopy of your student ID)

AMOUNT ENCLOSED: _____