Boston Area Architecture Workshop (BARC-2003) REGISTRATION FORM

Professor	Dr.	Mr.	Mrs.	Ms.
Last Name:				
Organization/Company/School:				
Affiliation:				
Industry	Acade	emic (non	-student)	Student
If you are a s	tudent,	please pr	ovide the	name of your faculty sponsor:
Address:				
Telephone: _				
Email Addre	ss:			
Dietary Restrictions:				
None Vege	etarian	Kosh	er Oth	er:
Do you want your name and email address to be included on the attendee list?				
Yes	No			
Registration				
Industry: \$1: Academic (no		ent): \$50	00	
Student: *W			.00	

Total due:

Please fill out all fields on this form. You may either mail your completed form along with your registration check to the address below, or fax your form to (617) 253-1221, mailing your check separately. *PLEASE NOTE: The deadline for BARC-2003 registration AND payment is Tuesday, January 14, 2003.

Checks must be payable to MIT. Please remember to include your name on the check.

Checks should be sent to: Shireen Yadollahpour MIT Laboratory for Computer Science 200 Technology Square, NE43-620 Cambridge, MA 02139 USA