

**CANADIAN SOFTWARE REQUIREMENTS SYMPOSIUM (CSRS)
ADVANCEMENT OF MATHEMATICAL METHODS
Monday, May 26, 2003**

CSRS REGISTRATION FORM

Fax completed registration form to: 1-905-525-6246
Attn.: CSRS Registration / Doris Burns
McMaster University
Software Quality Research Laboratory
Hamilton ON Canada L8S 4K1

Name :

Affiliation :

Address :

Email :

Phone :

Fax :

| | | | |
|-------------------------------|-----------|----------|-------|
| Symposium Registration Fee *: | Academia: | \$100.00 | _____ |
| * Canadian Funds | Industry: | \$200.00 | _____ |
| | Student: | \$ 50.00 | _____ |

Total Due :

Payment by Credit Card :

Type (Visa or Mastercard) :

Credit Card Number :

Expiry Date :

Name on Card :

Signature:

Date:

Are you interested in making a presentation: ___ Yes ___ No

Will you be attending the dinner: ___ Yes ___ No

Special Dietary Needs: ___ Vegetarian ___ Kosher