



REGISTRATION FORM

Name: _____

Company/Affiliation: _____

E-Mail Address: _____

Mailing Address: _____ Phone: _____

City: _____ Mailing State/Province: _____

Country: _____ Mailing Postal Code: _____

IEEE Member Number: _____

Are you a Student? Yes No If so: Graduate Undergraduate

If you are a student, would you like to be considered for travel support? Yes No

Are you an author? Yes No

If you are an author, list your 10 digit EDAS paper number(s): _____

If you are an author, list your paper title(s): _____

Is this your first time attending a MeMeA Symposium? Yes No

How did you hear about MeMeA 2022?

Website Colleague Facebook LinkedIn Previous MeMeA

If Other, please specify: _____

Will you be attending the Welcome Banquet Dinner? Yes No

Will you be attending the Gala Dinner? Yes No

Please list any dietary restrictions: _____

May we share your name, title, company and email address with our exhibitors? Yes No

May we share your name, title, company and email address with our conference delegates? Yes No

<u>Items Purchased</u> (Please Circle)	IMS Member		IEEE Member		Non-Member		IEEE Life Member / Student		Qty	Subtotal
	Through April 22	After April 22	Through April 22	After April 22	Through April 22	After April 22	Through April 22	After April 22		
Conference Registration	\$600	\$750	\$650	\$825	\$775	\$925	\$375	\$450		
Additional Paper for publication	\$100									
<u>Extra Items</u>										
Accompanying Person Ticket - Guest	\$220									
Tutorials Only (Students Only)	\$35									
Additional Lunch	\$30									
Additional Welcome Banquet Dinner	\$65									
Additional Gala Dinner	\$75									

Acceptance of IEEE policies are required to register for this event:

By submitting your registration details, you acknowledge that:

You have read and are in agreement with the [Event Terms and Conditions](#)

You have read and are in agreement with the [IEEE Privacy Policy](#)

You have read and are in agreement with the [IEEE Code of Ethics](#)

Payment/Credit Card Type: VISA MasterCard American Express Bank Transfer

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: _____ Credit Card CVV Code (3 or 4 digit code on reverse side of card): _____

Signature: _____ Date: _____