REGISTRATION FORM
http://storageconference.org/2001
Eighteenth IEEE Symposium on Mass Storage Systems
in cooperation with the
Ninth NASA Goddard Conference on Mass Storage Systems and Technologies
Hyatt Regency Islandia, San Diego
April 17-20, 2001

Please complete this form and return it before April 1, 2001 to the address below for pre-registration. Only on-site registration will be offered in April. To register more than one person, please duplicate this form or request additional forms. Please type or print.

Mr. Ms. Dr. Prof. (Circle one)

____________________________________________________________________
(Last Name)    (First Name)

Affiliation ________________________________________________

Address ___________________________________________________

City __________________________ State/Province ________________

Zip ________________________ Country _______________________

Phone Number ___________________________________________

Telex or Fax Number _______________________________________

E-Mail Address ___________________________________________

REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Late</th>
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<tbody>
<tr>
<td>Tutorial</td>
<td></td>
<td></td>
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<tr>
<td>IEEE Member</td>
<td>$150</td>
<td>$200</td>
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<tr>
<td>Non-Member</td>
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<td>$250</td>
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<tr>
<td>Symposium</td>
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<tr>
<td>Student</td>
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<td>$175</td>
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RECEPTIONS
I will attend the Wednesday Reception (Circle One) YES NO

I/my guests will need transportation to the Wednesday reception (Circle One) YES NO (Aquarium Reception 14mi/22km away)

Number of Guests at each reception:
Tuesday _____, Wednesday _____, Thursday _____

Additional Cost per Guest is $25 Tuesday (Tutorial), $35 Wednesday (Aquarium), $25 Thursday

Total Guest Cost $ _______

TOTAL ENCLOSED $ _______

METHOD OF PAYMENT

_ Enclosed is a check, money order in US funds payable to “18th IEEE-CS MSS Symposium”
_ Enclosed are traveler’s checks in US funds payable to “18th IEEE-CS MSS Symposium”
_ Enclosed is my Credit Card Information:

____________________________________________________________________
Name of Card Holder

____________________________________________________________________
Credit Card Number

Card Type (Circle One)
VISA  MASTERCARD  AMEX  DINERS

Expiration Date ____________

Signature (Credit card billing will show “IEEE Comptr Registrati Washington DC”)

GUEST NAME(S)

____________________________________________________________________
YOUR BADGE NAME
(if different from registration)

IEEE MEMBER # ____________________(if claiming member rates)

CANCELLATION POLICY Refund of registration fees may be granted if cancellations are received in writing at the 18th IEEE-CS MSS Symposium address above before April 1, 2001.

CONTACT
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+1 (303)-530-1780

Form: February 2, 2001