

# REGISTRATION FORM

Please make checks payable to ISCC-AIC2001

AIC Color 01 Rochester  
June 24-29, 2001

ADVANCE REGISTRATION  
DUE: May 15, 2001

Copies of this form are acceptable and are available on-line at: [www.iscc.org/aic2001/](http://www.iscc.org/aic2001/) Please print clearly or type.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.	<input type="checkbox"/> Prof.
<input type="checkbox"/> Dr.	

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Write your name here for your name badge if you prefer it different from above.

Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Include: Street Address, City, State/Province, Zip/Postal)

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Country Code-Area/City Code-Phone Number Country Code-Area/City Code-Fax Number

Registration Selection	Until May 15, 2001	After May 15, 2001
<input type="checkbox"/> Full Congress Registration	\$550.00	\$650.00
<input type="checkbox"/> Companion Program (See pg. 10 for details.)	\$200.00	\$200.00
_____ Accompanying Persons Name (for badge purposes)		
<input type="checkbox"/> Student Registration Full Congress	\$200.00	\$200.00
<input type="checkbox"/> Daily Registration Circle days: M, T, W, Th, F	\$175.00	\$175.00
		Registration Subtotal: \$ _____

Please check all that you or companion will attend. All require advance reservations.

Co-Located Meetings	Cost	Number to Attend		Subtotal
		# Participant(s)	# Companion(s)	
<input type="checkbox"/> CIE Division I: Vision & Colour Mtg., Fri/Sat, June 22-23.	Included	_____	_____	Included
<input type="checkbox"/> ISCC Project Committee Meetings, Circle Mtgs: PC-51, PC-52, PC-53	Included	_____	_____	Included
<input type="checkbox"/> ISCC Awards Luncheon, Sunday, June 24, Noon.	\$25.00	_____	_____	\$ _____
<i>AIC Typical Offerings</i>				
<input type="checkbox"/> Welcome Reception, Sunday, June 24, 6:00 p.m.	Included	_____	_____	Included
<input type="checkbox"/> Excursion Day to Genesee Country Village, Wednesday, June 27	\$40.00	_____	_____	\$ _____
<input type="checkbox"/> Banquet Dinner and Entertainment, Thursday, June 28, 6:00 p.m.	\$80.00	_____	_____	\$ _____
<i>Optional: Special Tours</i>				
<input type="checkbox"/> George Eastman House Tour, Sunday, June 24, 2:00 p.m.	\$8.00	_____	_____	\$ _____
<input type="checkbox"/> Historic Village, Erie Canal, and Shopping, Monday, June 25, 10:00 a.m.	\$8.00	_____	Included	\$ _____
<input type="checkbox"/> Landmark Society Historic House Tour, Tuesday, June 26, 9:00 a.m.	\$25.00	_____	Included	\$ _____
<input type="checkbox"/> Winery Tour and Tasting, Thursday, June 28, 1:30 p.m.	\$16.00	_____	Included	\$ _____
<input type="checkbox"/> George Eastman House Tour, Friday, June 29, 1:30 p.m.	\$8.00	_____	Included	\$ _____
<input type="checkbox"/> Evening Sporting Event, Monday or Wednesday*, June 25 or 27, 7:00 p.m.	\$18.00	_____	_____	\$ _____
<input type="checkbox"/> Evening Art Museum Tour, Tuesday Evening, June 26	\$8.00	_____	_____	\$ _____
<i>Optional: Pre and Post Tours</i>				
<input type="checkbox"/> Niagara Falls Day Tour, Saturday, June 30, 9:00 a.m.	\$65.00	_____	_____	\$ _____
<input type="checkbox"/> Corning Glass Museum and Finger Lakes Tour, Saturday, June 30, 9:00 a.m.	\$65.00	_____	_____	\$ _____

\* Pending schedule.

Total Remittance: US \$ \_\_\_\_\_

Dietary/Access Requirements: \_\_\_\_\_

Please charge my registration total remittance to:

American Express  Visa  Master Card  Discover Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(month) (year)

Name As It Appears on Credit Card: \_\_\_\_\_

Charge Authorization Signature: \_\_\_\_\_

Complete this form and send with payment by one of the following methods. Checks payable to Inter-Society Color Council.  
Mail with Payment to: AIC Color 01 Secretariat, page 2. Fax to: (703) 318-0514 with Credit Card Information (Do Not Duplicate in mail.)



