

# DEBS 2007

Inaugural International Conference on  
Distributed Event-Based Systems 2007  
June 20th-22nd, 2007, in Toronto, Canada  
<http://www.debs.msrg.utoronto.ca>



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## Registration Form

Please complete this form and fax it to +1-416-978-6876

<input type="text"/>		<input type="text"/>		<input type="text"/>	
Mr/Ms/Dr/Prof		Last Name		First Name	
<input type="text"/>				<input type="text"/>	
Job Title				School/Organization	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City		State/Province		ZIP/Postal Code	
<input type="text"/>		<input type="text"/>			
Day Phone				Evening Phone	
<input type="text"/>				<input type="text"/>	
Fax Number				E-mail Address	
<input type="checkbox"/> Research <input type="checkbox"/> Short <input type="checkbox"/> Industry <input type="checkbox"/> Demo		<input type="text"/>		<input type="text"/>	
Type of Paper		Paper Number		Paper Title	

	Early Registration By May 25 (CAD)	Late Registration By June 11 (CAD)	On-Site Registration (CAD)	
<input type="checkbox"/> ACM <input type="checkbox"/> IEEE <input type="checkbox"/> USENIX Member Membership Number*: <input type="text"/>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	\$ <input type="text"/>
Full-Time Student**	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	\$ <input type="text"/>
Other	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	\$ <input type="text"/>
<b>TOTAL CAD</b>				\$ <input type="text"/>

\*Active membership status with ACM, IEEE, and USENIX qualifies as member registration. Proof of membership status is required.

\*\*Active full-time student status qualifies as student registration. Proof of full-time student status is required.

Cancellations will be possible until June 11 with a charge of CAD 50.	
For other registration information, please see <a href="http://www.debs.msrg.utoronto.ca/registration.shtml">http://www.debs.msrg.utoronto.ca/registration.shtml</a>	
<input type="checkbox"/> Please check if vegetarian food required	

## Payment Information

CREDIT CARD INFORMATION		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="text"/>		<input type="text"/>	
Credit Card Number		Expiration Date	
<input type="text"/>		<input type="text"/>	
Cardholder Name (please print or type)		Cardholder Signature	

\*Upon successful registration payment a confirmation will be sent via e-mail within one week. Receipts will be provided on-site.

Questions regarding registration can be sent to: [registration@debs.msrg.utoronto.ca](mailto:registration@debs.msrg.utoronto.ca)