



**The 13th International Conference on
Computer Supported Cooperative Work in Design**
April 22-24, 2009, Santiago, Chile
<http://2009.cscwd.org/>

Registration Form

Personal Information

Title: Prof./Dr./Mr./Ms.
 Last/Family Name: _____ First/Given Name: _____
 University/Company: _____
 Address: _____

 Tel: _____ Fax: _____ E-mail: _____

Registration Fees (in US Dollars):

	Until Feb. 14, 2009	After Feb. 14, 2009	Note: The conference registration fee will be charged in Chilean pesos at the time of processing.
Regular Participant:	US\$400	US\$450	
IEEE Member (# _____):	US\$360	US\$400	
Full time student (ID is needed):	US\$360	US\$400	

If you register as an author, please provide the paper number covered by the above registration: _____
 Additional papers: US\$160 x ____ = US\$ _____ (Paper numbers: _____)
 Additional social event and banquet ticket: US\$80 x _____ = US\$ _____

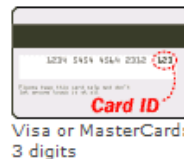
Total: US\$ _____

The registration invoice must be generated to this institution or project (in case of being different from the participant's name): _____

Payment Methods:

1. Credit Card (Visa: _____ MasterCard: _____ American Express: _____)
 Number: _____ Expiry Date (mm/yy): _____ / _____
 Holder Name (as it appears on card): _____ Signature: _____ Date: _____

Card ID Number (or CVC Code): _____



2. International Bank Transfer: The money should be transferred to the following bank account:

Bank Name: BANCO DE CHILE
 Bank Address: Ahumada 251, Santiago, Chile.
 SWIFT Code: BCHICLRM
 ABA Code: 26005652
 Bank Account Number: 0300004-54-7
 Bank Account Name: Universidad de Chile – Facultad de Ciencias Físicas y Matemáticas. (please e-mail a scanned copy of the transfer receipt to cscwd09@dcc.uchile.cl).

Please keep a copy of the completed form for your record.

Special Dietary Needs: _____

Special Equipment Needs: _____

Registration and Refund Policy

- One form for each participant.
- Each paper must be **registered** and **fully paid** for.
- For their papers to be included in the conference proceedings, **authors of accepted papers must register by February 14, 2009** (otherwise, the paper will **NOT** be included in the proceedings).
- **A student rate** attendee must provide a copy of his/her student ID or a letter from the related Department Head/Chair stating that the attendee is a full time student.
- **Registration Fee** will cover the following items:
 - CD-ROM with the Conference proceedings;
 - morning and afternoon refreshments, 3 lunches, social event and conference banquet;
 - welcome cocktail.
 - access to all planned conference sessions;
- **Refund Policy:** There will be no refunds to authors. Paid registrants (non-authors) who cannot attend are entitled to a refund of US\$150 if a request is received in writing on or before **April 05, 2009**. There will be no refunds after that date.

Send by Fax to: +562 6895531; or by e-mail (scanned copy) to: cscwd09@dcc.uchile.cl