

# Registration Form ASIC 2002

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**Yes!** I want to register for the Annual Summer Interdisciplinary Conference 2002.

First Name:

Last Name:

Street Address:

City:

State:

Country:

Zip code:

Work phone:

Home phone:

Fax:

email:

I plan to bring additional family members, friends, guests.

I plan to register of these.

I would like extra tickets for the opening reception (\$7 USD).

I would like extra tickets for the final banquet (\$30 USD).

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### Registration Fees:

After May 1, 2002: \$150 USD

On-site payment: \$170 USD

**Send completed form and registration fee (checks only, payable to ASIC) to:**

ASIC, c/o Prof. Richard Shiffrin  
Indiana University Cognitive Science Program  
1101 E. 10th St.  
Bloomington, IN 47405