



Rensselaer

DEPARTMENT OF COGNITIVE SCIENCE

REGISTRATION AND AUTHORIZATION TO CHARGE CREDIT CARD

Registration deadline is July 15th. Late registration available until August 1st, \$50 late registration fee. No refunds will be granted after August 1st.

August 10-12, 2006

North American Computing and Philosophy Conference

Host: Selmer Bringsjord (selmer@rpi.edu)

Program Chair: Patrick Grim (pgrim@notes.cc.sunysb.edu)

Name of attendee: _____

Address: _____

Phone number: _____

Affiliation: _____

Email address: _____

Registration fee includes breakfast Friday and Saturday, lunch Friday and Saturday, dinner Thursday and Friday, coffee breaks throughout, and a Saturday evening reception. Vegetarian options will be provided.

- Student registration \$120
Non-Student registration \$175

Accommodations (check one): Note: Dorm rooms are not available Saturday night.

- I will be staying in a single dorm room. (\$33 per person, per night)
I will be staying in a double dorm room. (\$22 per person, per night)
I will be staying at a hotel.

Please note: Book hotel as soon as possible to ensure CAP conference rate. Please make hotel reservations by July 1st. The Best Western is located at 1800 6th Ave in Troy, and prices are \$75/single \$80/double. Call 518-274-3210 for reservations, and mention that you are with the CAP conference. The hotel is within walking distance of the RPI campus.

After the closing remarks on Saturday, we are planning a trip to see the Philadelphia Orchestra at SPAC (<http://www.spac.org>, concert starts at 7:30). The cost will be \$40 per person. Please check one:

- Yes, I would like to attend the concert. (\$40) x (# of tickets) = _____
 No, I will not be attending the concert.

There should be plenty of on-street parking, but parking passes are also available for the Visitor's Lot at \$7.00 per day.

- Yes, I would like to purchase parking passes. (\$7) x (# of days) = _____
 No, I would not like to purchase parking passes.

Payment Type (circle one): MasterCard Visa Check

Name on card: _____

Card Number: _____

3-digit security code: _____
(last 3 digits on back of card):



Expiration date: _____

Billing address for Credit Card: _____

Total amount of charge:
(registration \$ _____ + dorm \$ _____ + SPAC \$ _____ + parking \$ _____ = \$ _____)

Authorized signature: _____

Date: _____

Please FAX form to 518-276-6612 or mail to address below.
Checks should be made out to: RPI Cognitive Science. Please mail to:

CAP Conference
c/o Katherine Bringsjord
RPI Cognitive Science Department
110 8th Street
Troy, NY 12180

If you have any questions or concerns regarding registration, please e-mail Katherine Bringsjord at bringk@rpi.edu or call 518-276-6472.