

___ **Payments by Check**

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Please send the registration form along with full payment to:

Joint Conference on Information Sciences (JCIS)
Department of Electrical and Computer Engineering
Duke University
P.O. Box 90291
Durham, NC 27708, USA

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VISA or MasterCard are accepted.

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SESSION CHAIR

___ I am interested in serving as a session chair for the _____ conference/workshop/symposium. I am available to serve as a chair on the following dates: _____

COMMENTS

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