



**ACM ICPC South Central USA Regional Programming Contest
November 6-7, 2009**

**(Note: This Form is for PAYMENT only. You must register your team at the
icpc.baylor.edu website)**

Title First Name Last Name

Institution

Address

City Zip Code Country

Phone Fax

E-mail

REGISTRATION FEE

| | |
|----------------------------------------------------------------------|------------|
| Registration fee: early/late = (before/after October 5, 2009) | USD |
| Per Team \$125.00/\$175.00 x _____ number of teams | |
| | ----- |
| TOTAL: (USD) | |

METHOD OF PAYMENT

Visa MasterCard Discover Check/Money Order

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Cardholder name Expiration Date CCV #.....

Fax form to 225-578-8902 or email to jennifer@cct.lsu.edu