



IEEE MEETING

OCTOBER 12-16, 1998
SHERATON MAUI, HAWAII
ENROLLMENT FORM

Fill out form **completely** and fax back to Lucent Technologies at (908) 508-8644 by
August 1, 1998.

PARTICIPANT INFORMATION:

LAST NAME:

FIRST NAME:

ADDRESS:

COMPANY NAME:

COMPANY ADDRESS:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ID:

CREDIT CARD TO GUARANTEE ROOM:

() AMEX

CARD NUMBER:

() VISA

EXPIRATION DATE:

() MASTERCARD

() OTHER _____

ACCOMMODATIONS INFORMATION:

ARRIVAL DATE:

ARRIVAL TIME:

DEPARTURE DATE:

DEPARTURE TIME:

() ONE PERSON IN ROOM

() GARDENSIDE ROOM

() TWO PEOPLE IN ROOM

() OCEANVIEW ROOM (Add'tl. \$30 per night)

SPECIAL ROOM REQUESTS:

() NON SMOKING ROOM

() SMOKING ROOM

() OTHER SPECIAL NEEDS _____

PLEASE COMPLETE AND FAX BACK TO LUCENT TECHNOLOGIES AT
(908) 508-8644 OR PHONE (908) 508-8427 WITH QUESTIONS