Audio Visual Form

In order to present the paper mentioned below, the following equipment will be needed.

Please check the appropriate circles

O overhead projector
O 35mm slide projector
O LCD Panel Projector
O other (please specify):

NOTE: All efforts will be made to obtain items requested in the "other" category. However, the availability of those items cannot be guaranteed.

Please complete this form by 15 February, 1999 and return to the following address:

Bharat Doshi
Eoom 3L-337
Bell Labs Lucent Technologies
Holmdel, N.J.07733
Fax: 732 834 5906

Speaker's Name: _____

Paper Reference Number/Title of Paper: (note)
_____

Full Mailing Address:
_____

City: _____ State _____ Postal Code: _____

Country: _____ E-mail: _____

Tel no. _____ Fax no. _____

Please specify the date on which you mailed your conference registration form and payment:

_____
Date