# 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**