



**ACM ICPC South Central USA Regional Programming Contest  
October 28- 29, 2016**

**(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**

<b>Registration fee:</b> early/late = (before/after September 16, 2015)	<b>USD</b>
Per Team \$125.00/\$175.00 x _____ number of teams	
Alternates \$30/per person	
<b>TOTAL: (USD)</b>	

**METHOD OF PAYMENT**

Visa             MasterCard             Discover             Check/Money Order

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Cardholder name ..... Expiration Date ..... CCV #.....

**Fax form to 225-578-8902**