

*CONCORDIA INFORMATION SYSTEMS
SECURITY COLLOQUIUM*

Friday, May 30th

REGISTRATION FORM

Student Name: _____

Student ID: _____

Email address: _____

Department: _____

Program (e.g., Ph.D., M.A.Sc or M.Eng): _____

Supervisor Name (for thesis option students): _____

Student Signature: _____

Please print, complete and return the form to Ms. Sheila Anderson's mailbox located at CIISE, EV 7.640 before Friday, May 9, 2008.