



Introduction to Side Channel Analysis Workshop

September 14, 2010
San Francisco, California

Attendee Registration Information

Contact Name* _____
Company* _____
Address 1* _____
Address 2 _____
City* _____
State / County* _____
Province _____
Zip Code / Postal Code* _____
Country* _____
Phone Number* _____
Email Address* _____

Side Channel Analysis Workshop Selections (please check appropriate box)

- | | | |
|--------------------------|-------------------------------------------------------|---------------|
| <input type="checkbox"/> | Standard Workshop Attendance Rate | \$495.00 |
| <input type="checkbox"/> | Government Employee Workshop Attendance Rate | \$295.00 |
| <input type="checkbox"/> | DPA Workstation™ Customers Rate | \$295.00 |
| <input type="checkbox"/> | DPA Workstation™ Customers With Support Contract Rate | Complimentary |
| <input type="checkbox"/> | DPA Countermeasures Licensees Rate | Complimentary |

Billing Information

- Credit Card**
Name on Card*: _____
Credit Card Type*: VISA MasterCard American Express
Credit Card Number*: _____
Card Verification Number*: _____ Expiration Date*: _____
- Check**
Name of Bank: _____ Check Number: _____
Please make checks payable to Cryptography Research, Inc.

Please fax completed form to +1 415 397 0127, attention Side Channel Analysis Workshop, or post to:

Cryptography Research, Inc.
Attention: Side Channel Analysis Workshop
575 Market Street, 11th Floor
San Francisco, CA 94105 USA