

Hilton Head 2014 Workshop REGISTRATION FORM

Institution: Government Government/Lab Industry Self-Employed University

Gender: Female Male

First Time Attendee: Yes No

First/Given Name: _____ Last/Family Name: _____

Preferred First Name on Name Tag: _____ Degree: _____

Position: _____

Organization: _____

Department: _____ Division: _____

Street: _____

City: _____ Zip/Postal Code: _____

State: _____ Country: _____

Phone No.: _____ Fax No.: _____

Email: _____

Classification: Conference Presenter Participant Paper No. _____

Please note that at least one author has to register for each paper in order to publish it in the conference proceedings and the final program. For this reason, please insert your paper number.

Email included on Participant's List for all attendees? Yes No

Name on electronic mailing list to be available to commercial supporters and conference attendees: Yes No

If you require special arrangements, please indicate your request below:

Dietary: _____ Physical: _____

REGISTRATION FEE

	Early Bird On or Before March 21, 2014	Advanced March 22, 2014 to May 7, 2014	Standard After May 7, 2014	
<input type="checkbox"/> Participant	\$795	\$845	\$895	\$ _____
<input type="checkbox"/> International Alumni*	\$795	\$845	\$895	\$ _____
*Previous Year's Attendance Required: _____				
<input type="checkbox"/> Commercial Representative	\$2000	\$2000	\$2000	\$ _____
<input type="checkbox"/> Complimentary with Code: _____				\$ 0.00

Registration will close on May 30, 2014 and no Onsite Registrations will be accepted. Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The registration fee includes program material, electronic proceedings, welcome reception, Tuesday Conference Banquet, lunches, refreshment/coffee breaks, and a 20% non-refundable cancellation fee. A \$50 fee will be charged for all substitutions. All requests for refunds must be received in writing no later than May 27, 2014. No refunds will be made after this date.

GUEST MEAL TICKETS (Valid for all breakfasts, lunches and social functions)

	Discounted Before May 30, 2014	Onsite After May 30, 2014		
<input type="checkbox"/> Adult Guest Meal Ticket	\$200/each	\$225/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child (Ages 7 – 12) Guest Meal Ticket	\$100/each	\$125/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child Ages 6 and under Guest Meal Ticket	FREE	FREE	No. of tickets: _____	\$ _____

Name of Guest(s) _____

GRAND TOTAL \$ _____

ATTENDEE REGISTRATION PAYMENT

Check/Money Order

Credit Card Payment (circle one): VISA MasterCard American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (3 digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

GUEST MEAL TICKET PAYMENT

If you do not need to use a second form of payment, please disregard

Check/Money Order

Credit Card Payment (circle one): VISA MasterCard American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (3 digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

If you prefer to pay by check or money order, complete and mail this form with your check or money order payable to:

Hilton Head 2014 Workshop

c/o PMMI
307 Laurel Street
San Diego CA 92101-1630
USA

Phone: 1-619-232-9499

Fax: 1-619-232-0799

Email: info@hh2014.org