

REGISTRATION FORM INSS 2005 WORKSHOP

June 27 – 28, 2005
San Diego, CA USA

Conference Presenter:

Institution: Industry Academia Research/Lab Government

Region: Americas Asia/Oceania Europe/Africa

Preferred Salutation: Dr. Mr. Mrs. Ms.

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

First Name on Name Tag: _____ Degree: _____

Position: _____ Organization: _____

Department: _____ Division: _____

Street: _____ City: _____ Zip/Postal Code: _____

State: _____ Country: _____

Phone No.: _____ Fax No.: _____

Email: _____

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: _____

CONFERENCE FEES

Registration

	Early Bird Before May 23, 2005	Standard From May 24, 2005 to June 24, 2005	Onsite After June 24, 2005	
<input type="checkbox"/> Participant Rate	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425	\$ _____
<input type="checkbox"/> Student Rate (with confirmation*)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	\$ _____
*Include Student Advisor's Name: _____				

Pre-registration will close on June 24, 2005. After June 24, 2005, all prospective attendees will register on-site at the standard rate plus a \$50 on-site fee. Please bring this registration form with payment to on-site registration.

Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. The registration fee includes program material, (1) Technical Digest and CD-ROM, 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 June 6, 2005. No refunds will be made after this date.

Conference Proceeding and CD-ROM, additional set (conference fee includes 1 set)

Additional Proceedings Cost per set: \$50 No. of sets: _____ Total \$ _____

Grand Total \$ _____

PAYMENT METHOD

Bankwire (bankwire transfer information will be sent to you upon receipt of this form)

Check/Money Order – Make checks payable to: **INSS 2005 Workshop**

Credit Card Payment

VISA

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American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code*: _____

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

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