

REGISTRATION FORM INSS 2009 CONFERENCE

June 17 – 19, 2009
Pittsburgh, PA, USA

Region: Americas Europe/Africa Asia/Oceania

Institution: Government Government Lab Industry Self-Employed University

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

Provide Name and contact information to conference commercial supporters/exhibitors: Yes No

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

Dietary: _____ Physical: _____

How did you hear about the INSS 2009 Conference?

- | | | |
|--|--|--|
| <input type="checkbox"/> Promotional Email | <input type="checkbox"/> Previous Conference | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Promotional Flyer | <input type="checkbox"/> Conference Website | <input type="checkbox"/> Internet Search |

REGISTRATION FEES

Conference

	Advanced On or Before 22 May 2009	Standard Rate After 22 May 2009	
<input type="checkbox"/> Participant Rate	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	\$ _____
<input type="checkbox"/> Student Rate (with confirmation*)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$325	\$ _____
*Include Student Advisor's Name: _____			

Pre-registration will close on 10 June 2009. After 10 June 2009 all prospective attendees will register on-site at the standard rate. Please bring this registration form with payment to on-site registration.

Registration payment, in USD (\$) only, is due within 10 days of receipt of your registration. The registration fee includes program material, (1) proceedings, lunches, banquet, 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 5 June 2009. No refunds will be made after this date.

ADDITIONAL PURCHASES

For those attendees that would like to purchase additional technical digests or additional banquet tickets for guests, please contact Sara Stearns at inss2009@pmmconferences.com.

PAYMENT METHOD

Bank Wire (bank wire transfer information will be sent to you upon receipt of this form)

Credit Card Payment

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/Prov: _____

Zip/Postal Code: _____ Country: _____

For details regarding check or money order payments, please contact:

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