IMPLAST 2010 REGISTRATION FORM

Name & Address (Please print or type)

First Name, M.I. _____ Last/Family Name _____

Spouse (if attending) _____ SEM Member Number - Please Provide _____

Company/University _____

Address (include Mail Stop) _____

City, State _____ Zip/Postal Code _____

Country (other than USA) _____

Phone _____ Fax _____

Email _____

Organized by the
Society for Experimental Mechanics, Inc.
7 School Street • Bethel, CT 06801
203/790-6373 • fax 203/790-4472
sem@sem1.com • sem.org

Registration Policy

All checks must be in U.S. funds, drawn on a U.S. bank. Cancellations received prior to September 27, 2010 will be refunded less a $50.00 handling fee. No refund will be given for cancellations received after Sept. 27. Cancellation notification must be faxed or emailed to Shari Matthews: Fax 203/790-4472; shari@sem1.com.

[+]Students MUST have a letter proving full-time status to qualify for student rate.

REGISTRATION FEE

Please check one:

Individual .....$600..... ☐

Student[+].....$125*..... ☐

[+]*Special reduced rate sponsored by the SEM Education Foundation*

Your registration fee includes the following:

Admission to the three-day conference, IMPLAST 2010
CD Proceedings
Coffee breaks and complimentary lunch all three days
Welcome Reception on Tuesday, October 12
One ticket to the Conference Dinner on Wednesday, October 13
Additional tickets for the Conference Dinner may be purchased for spouses and guests: Qty____ @ $50 ea =$_____

Please indicate any special meal requirements here:

_____

☐ If, due to a disability, you have special needs or requirements, check here and SEM will contact you.

PAYMENT INFORMATION

☐ Check payable to SEM in US dollars, drawn on US bank
☐ Invoice my company. Company purchase order ***MUST*** accompany this request
☐ Charge my MasterCard, VISA or American Express

Card No.: | | | | | | | | | | | | | | | | |

Expiration Date: _____/_____ (Month / Year)

Print Name on Card: _____

Signature: _____

TOTAL DUE SEM

$