2010 SEM Annual Conference & Exposition Registration

Name & Address (Please print or type)

Register on the web: sem.org

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 _____

Please Check: ☐ Speaker, Session _____ ☐ 1st Time Attending SEM Conference

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

Registration Policy

Registration form and payment or PO must be received by May 24, 2010 for prepayment savings. On May 25, 2010, on-site registration prices will prevail. All checks must be in US funds, drawn on a US bank. Cancellations received prior to May 24, 2010 will be refunded less a $50.00 handling fee. No refund will be given for cancellations received after May 24, 2010. Cancellation notification must be faxed or emailed to Shari Matthews: Fax 203-790-4472; shari@sem1.com.

* To qualify for member rate, SEM members must be in good standing prior to June 4, 2010.

+ **Students MUST have a letter proving full-time status to qualify for student rates.**

A. CONFERENCE REGISTRATION

On-Site

Member * $700
Student Member +* $150

Member & Membership Renewal $772

Non-Member± $800
Student Non-Member+± $200

Conference registration fee includes CD-ROM Conference Proceedings, Welcome Reception, 3-day Exposition, President's Reception, & one ticket to the All Society Awards Luncheon

±Payment of non-member registration fees entitles you to one year's free membership in SEM.
☐ No, thank you. Although I am a non-member, I do not wish a year's free membership in SEM
☐ Yes, I am a non-member and I would like one year's free membership in SEM

Retired SEM Member ..... NC
Exposition Only ..... NC Please check for Exposition Only Registration ☐

Please list any special meal requirements you have here _____

Do you plan to attend the All Society Awards Luncheon on Wed., June 9, 2010?

YES ☐

NO ☐

One luncheon ticket is included in conference registration

Section A Total
$

B. PRECONFERENCE COURSE

One-day course, Sunday, June 6, 2010

~~101: Verification and Validation of Computational Models ..... $75 ..... $150~~ *Cancelled*

C. SOCIAL EVENTS & MISCELLANEOUS

Additional Ticket(s) for the SEM All Society Awards Luncheon, Wed., June 9 ..... Qty _____ @ $60

Easley Winery Tour & Dinner, Wed., June 9 ..... Qty _____ @$75

SEM Membership Add-on(s): Chosen Add-on(s) _____ $ _____
Visit sem.org or contact SEM (joni@sem1.com) for information about available membership add-on options

Donation to the SEM Development Fund *(Tax deductible)* ..... $ _____

Donation to the SEM Education Fund *(Tax deductible)* ..... $ _____

Donation to the SEM Building Fund *(Tax deductible)* ..... $ _____

Donation to the D.J. DeMichele Scholarship Fund *(Tax deductible)* ..... $ _____

Section C Total
$

☐ 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
$