



Retiree Verification Form

(Please fill out and fax or e-mail back to SCS in order to receive your student discount)

RETIREE INFORMATION:

Full Name: _____

Phone Number: _____ E-mail: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Previous Employer Where You Retire From: _____

CONFERENCE INFORMATION:

- Power Plant Simulation Conference
- Spring Simulation Multiconference
- Summer Simulation Multiconference

Other: _____

Are you an author/presenter? **Y / N** (please circle)

If yes, what is your paper number/name: _____

I hereby attest that I am a retiree who is no longer working full-time. I authorize The Society for Modeling & Simulation (SCS) to verify my retiree status should they so choose. I acknowledge that the information provided in this statement is accurate and complete to the best of my knowledge and is provided by me of my own free will for the sole purpose of receiving the SCS retiree discount.

Date: _____

Signature: _____