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SCS Manual Conference Registration Form

(Please fill out and fax or e-mail back to SCS. You may also hand-carry to the conference for onsite registration.)

CONFERENCE NAME: _____ DATE: _____

Track/Symposia Attending: _____

Nickname for Badge: _____

Last Name: _____ First Name: _____

Organization: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Business Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

DEMOGRAPHICS:

SCS Member Number: _____

Author/Presenter: **Y** / **N** (circle) Paper Name/Number: _____

Attendee Type: Government Industry Academia Other

Attendee History: Attended Last Year First-Time Attendee

CONFERENCE REGISTRATION OPTIONS

Type	Member Fees	Non-Member Fees	Quantity
<input type="checkbox"/> Early Registration	\$	\$	_____
<input type="checkbox"/> Regular Registration	\$	\$	_____
<input type="checkbox"/> Late/Onsite Registration	\$	\$	_____
<input type="checkbox"/> Extra Paper Charge (2 or more papers/author)	\$	_____
<input type="checkbox"/> Extra Page Charge (for each page over 8).....	\$	_____
<input type="checkbox"/> Hard Copy of Conference Proceedings.....	\$	_____
<input type="checkbox"/> Bringing Guest to Reception.....	FREE.....	_____

50% Discount on Registration Fee Only (Circle if applicable) **Full-Time Student / Retiree** _____
(Contact SCS Office for details)

TOTAL DUE:..... \$ _____

Method of Payment

Credit Card: MC VISA AMEX DISCOVER Other (please contact SCS)

Credit Card Number: _____ Exp. Date _____

Name on _____ Card: _____

_____ Billing Address:

SAME AS ABOVE or _____

_____ City: _____

_____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Authorizing Signature: _____

SCS CONFERENCE CANCELLATION/REFUND POLICY

All SCS conference cancellations and requests for refunds must be made in writing and sent to the [SCS Main Office](#). Requests may be e-mailed, mailed or faxed (contact information below). Telephone requests will not be honored.

Full Refunds – More than 30 Days Notice To receive a full refund, SCS must be receive written requests no later than 30 days prior to the first day of the conference.

50% Refunds – Less than 30 Days Notice Refund requests received within 30 days of the start of the conference will be subject to a 50% refund.

No Refunds – Within 2 Weeks

Refund requests received within 2 weeks of the start of the conference will not be eligible for a refund.

Author Refunds

Authors who have their papers included in the proceedings are not eligible for a refund. Authors may receive a refund if they withdraw their papers before the paper is included in electronic or hard-copy proceedings.

Emergency Illness or Death of Registrant or Immediate Family Member: Refunds may be granted if an attendee is unable to attend the Conference due to a family death, illness, or other extraordinary circumstance. In such a circumstance, the SCS Main Office must be contacted by phone, letter or e-mail. SCS will refund fees as soon as possible and no later three (3) weeks after the conference has concluded.

Substitution Policy: Registrants may send a substitute in their place in lieu of requesting a refund.

To request a refund, contact the SCS Main Office at:

The Society for Modeling & Simulation International

Conference Cancellation/Refund Inquiry
11315 Rancho Bernardo Rd. Suite 139
San Diego, CA 92127

E-mail: scs@scs.org

Fax: 858-277-3930

Phone: 858-277-3888

<http://www.scs.org>