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

<table>
<thead>
<tr>
<th>Type</th>
<th>Member Fees</th>
<th>Non-Member Fees</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Early Registration</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>☐ Regular Registration</td>
<td>$</td>
<td>$</td>
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<tr>
<td>☐ Late/Onsite Registration</td>
<td>$</td>
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<tr>
<td>☐ Extra Paper Charge (2 or more papers/author)</td>
<td>$</td>
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<tr>
<td>☐ Extra Page Charge (for each page over 8)</td>
<td>$</td>
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<tr>
<td>☐ Hard Copy of Conference Proceedings</td>
<td>$</td>
<td></td>
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<tr>
<td>☐ Bringing Guest to Reception</td>
<td>FREE</td>
<td></td>
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</tbody>
</table>

50% Discount on Registration Fee Only (Circle if applicable) Full-Time Student / Retiree

(Total discount only once.)

TOTAL DUE: __________________________  $_____

Method of Payment
Credit Card: ☐MC ☐VISA ☐AMEX ☐DISCOVER ☐Other (please contact SCS)
Credit Card Number: __________________________ Exp. Date: __________

Name on __________________________ Billing __________________________ Card: __________________________
☐SAME AS ABOVE or __________________________
City: __________________________
State/Province: __________________________
Zip/Postal Code: __________________________ Country: __________________________

Authorizing Signature: __________________________

http://www.scs.org

*see next page for SCS cancellation and refund policy
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 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 than 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