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: ____________________________
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>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Regular Registration</td>
<td>$750</td>
<td>$880</td>
<td>$</td>
</tr>
<tr>
<td>☐ Late/Onsite Registration</td>
<td>$800</td>
<td>$930</td>
<td>$</td>
</tr>
<tr>
<td>☐ Student Registration</td>
<td>$375</td>
<td>$440</td>
<td>$</td>
</tr>
<tr>
<td>☐ Retiree Registration</td>
<td>$375</td>
<td>$375</td>
<td>$</td>
</tr>
<tr>
<td>☐ Extra Paper Charge</td>
<td>$110</td>
<td>$110</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT 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: ____________________________

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 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