



Society for Modeling & Simulation International (SCS)
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Full-Time Student Verification Form

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

STUDENT INFORMATION:

Full Name: _____

Phone Number: _____ E-mail: _____

SCHOOL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Faculty Advisor's Name: _____

Phone Number: _____ E-mail: _____

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 full-time student at the above listed educational institution. I authorize The Society for Modeling & Simulation (SCS) to verify my student status by contacting the above listed faculty member. 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 student discount.

Date: _____

Signature: _____