



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: \_\_\_\_\_

### **MEMBERSHIP INFORMATION:**

Are you a SCS Member? **Y / N** (please circle)

### **CONFERENCE INFORMATION:**

PowerPlant Simulation Conference

Spring Simulation Conference

Summer Simulation Conference

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_