

Annual Modeling and Simulation Conference (ANNSIM) Student Verification Form

(Please fill out and e-mail back to SCS at scs@scs.org 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:

Annual Modeling and Simulation Conference (*please check box*)

ATTENDANCE

Are you an author/presenter? Y / N (*please circle*)

If yes, what is your paper number/name: _____

I hereby attest that I am a 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: _____