

Invoice and Advance Conference Registration Form
ISOPE-2000: 10th (2000) International Offshore and Polar Engineering Conference
May 28-June 2, 2000, Sheraton Seattle Hotel & Towers, Seattle, WA, USA

Please Type Or Print Clearly

NAME _____ (Circle) Male Female
 Surname (Last) Forename (First) Middle I.
 TITLE (Circle) Prof. Dr. Mr. Mrs. Ms. Spouse's Name (if attending) _____
 MAILING ADDRESS (full address including company name)
 Company _____ Dept _____
 Street _____ City _____ State (province) _____ Zip(postal) _____
 Country _____ Office Phone _____ Fax _____ E-mail _____

For ISOPE use only	
Date Rec'd.	_____
Amount Rec'd.	_____

Sponsor and Cooperating Societies (circle one): ISOPE ASCE (USA) CAPP (Canada) CSCE (Canada) CSOE (China) CSNAME (China) CSTAM (China) IE (Australia) IFREMER (France) IRO (The Netherlands) JSMS (Japan) KCORE (Korea) KSNJA (Japan) NPF (Norway) OES (U.K.) PII (Indonesia) RAS (Russia) SOBENA (Brazil) SPRI (UK) SSSS (Singapore) VTT (Finland) USME (Ukraine)

I pay at ISOPE member rate: Membership number _____ I pay at cooperating society member rate: Membership number _____

ADVANCE REGISTRATION FEES

Please check boxes as appropriate, and fill in the amount to be paid. All persons attending the conference are required to register and pay the appropriate fee. For registration fees received **after April 28, add a surcharge of \$60.**

Category	Advance Registration Fee (US\$)*		
	2+days	1 day	
<input type="checkbox"/> ISOPE Members	540	340	_____
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	580	370	_____
<input type="checkbox"/> Member of Coop. organizations	580	370	_____
<input type="checkbox"/> Non-member	610	410	_____
<input type="checkbox"/> New ISOPE member application (incl. 2000 membership fee and one year journal issues)	630	430	_____
<input type="checkbox"/> Spouses (no proceedings/no banquet ticket)	N/C	N/C	_____
<input type="checkbox"/> Member Student with Full-time 2000 ID	320	—	_____
<input type="checkbox"/> NonMember Student with Full-time 2000 ID	350	—	_____
<input type="checkbox"/> Additional/Separate Banquet Ticket	45	45	_____
<input type="checkbox"/> 1-day registrant must circle one: Monday Tuesday Wednesday Thursday			
<input type="checkbox"/> For direct surface mailing of a ISOPE-2000 conference proceedings set by ISOPE to your address, add: USA \$15 Canada \$20 Other countries \$35			_____
<input type="checkbox"/> Conference Tour (Museum of Flight)	20	20	_____
<input type="checkbox"/> Boeing Assembly Plant Tour (June 2, 9 am)	25	25	_____

TOTAL AMOUNT DUE US\$ _____

* The **full** Conference registration fee (2 days or more) includes the conference reception, a conference banquet ticket, tea breaks, and a 2,900-pp. (est.) **4-volume set (hard copy and CD-Rom)** of the conference proceedings. If a full Conference registrant (except students) does not want to get a set of the Proceedings (hard copy and CD-Rom), deduct \$70 from the fee.

The **1-day** registration fee includes one volume of proceedings, but does not include the proceedings set (hard copy and CD-Rom) and banquet ticket.

DEADLINE: April 28, 2000 FOR ADVANCE CONFERENCE REGISTRATION. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until April 28, 2000, and paid participants will receive confirmation. Forms received after **April 28, 2000** will be returned to the sender for on-site registration with a surcharge of US\$60. **Registrants will not be individually invoiced.**

CANCELLATIONS - Request in writing for cancellation of registration received by **May 4, 2000** only will be granted a refund minus US\$70. processing charge.

METHOD OF PAYMENTS: Make checks or international money orders payable to ISOPE. Payments must accompany this Advance Registration Form.

- Enclosed is an international money order or a check drawn on a bank in the USA for the amount of US\$ _____. A check drawn on a bank not in the USA will not be accepted.
- I am paying by credit card (only MasterCard or Visa is accepted). The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.

Card No. _____
 Cardholder's Name _____ Exp. Date _____
 Signature _____ Date _____, 2000

Air-Mail this registration form with correct amount of payment to:
If faxed, followed by **Air-Mail** Yes No

ISOPE, P.O. Box 189
Cupertino, California 95015-0189, USA
FAX 1-408-980-1787 ISOPE Federal ID #84-1144712

Copy (or download from www.isopec.org), Complete, and Send This Form with correct amount to reach **ISOPE**, no later than **April 28**