

Invoice and Advance Conference Registration Form
ISOPE-2002: 12th (2002) International Offshore and Polar Engineering Conference
May 26-31, 2002, Kitakyushu Convention Center, Japan

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 Received:
Date _____
Amount _____

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

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. **After April 26, add a surcharge of \$80.**

Category	Advance Registration Fee (US\$)*		
	2+days	1 day	
<input type="checkbox"/> ISOPE Members	550	450	_____
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	590	490	_____
<input type="checkbox"/> Member of Coop. organizations	590	490	_____
<input type="checkbox"/> Non-member	620	520	_____
<input type="checkbox"/> New ISOPE member application (incl. 2002 membership fee and one year journal issues)	640	540	_____
<input type="checkbox"/> Member Student with Full-time 2002 ID	330	—	_____
<input type="checkbox"/> Nonmember Student with Full-time 2002 ID	360	—	_____
<input type="checkbox"/> New student member application (incl. 2002 membership fee and one year journal issues)	380	—	_____
<input type="checkbox"/> Additional/Separate Banquet Ticket	60	60	_____
<input type="checkbox"/> 1-day registrant must circle one: Monday Tuesday Wednesday Thursday			_____
<input type="checkbox"/> For direct air mailing of CD-ROM(s) of 4-volume ISOPE-2002 conference proceedings to your address, add: USA \$5 Canada \$5 Other countries \$10			_____

Conference Tour, Friday: Use Tour Reservation Form

If register **after April 26**, add \$80

For other tours, find JTB pages in this program.

TOTAL AMOUNT DUE US\$ _____

The **full** Conference registration fee (2 days or more) includes the conference reception, a conference banquet ticket, tea breaks, and CD-Rom(s) of the 3,000-pp. (est.) 4-volume conference proceedings.

* The **1-day** registration fee includes CD-Rom(s) of the 4-volume conference proceedings, the conference reception, tea breaks, but not banquet ticket.

DEADLINE: April 26, 2002 FOR ADVANCE CONFERENCE REGISTRATION. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until April 26, 2002, and paid participants will receive confirmation. Forms received after **April 26** are subject to a surcharge of US\$80. **Registrants will not be individually invoiced.**

CANCELLATIONS - Request in writing for cancellation of registration received by **May 1, 2002** only will be granted a refund minus US\$70 handling fee.

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 outside 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 _____, 2002

Airmail or **fax** this registration form with correct amount of payment to:

If faxed, followed by Airmail? 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 26, 2002**.