

Invoice and Advance Conference Registration Form
ISOPE-2003: 13th (2003) International Offshore and Polar Engineering Conference
May 25–30, 2003, Hyatt Regency Waikiki Hotel, Honolulu, Hawaii, 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 _____

Paper Number
 (if author or co-author):
2003- _____ **-** _____

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) KSNJA (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 25, add a surcharge of \$80.**

Category	Advance Registration Fee (US\$)*	
See DEADLINES	2+days	1 day
<input type="checkbox"/> ISOPE Members	560	450
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	600	490
<input type="checkbox"/> Member of Coop. organizations	600	490
<input type="checkbox"/> Non-member	630	520
<input type="checkbox"/> New ISOPE member application (incl. 2003 membership fee and one year journal issues)	650	540
<input type="checkbox"/> ISOPE Member Full-time Student: 2003 ID	340	—
<input type="checkbox"/> Nonmember Full-time Student with 2003 ID	370	—
<input type="checkbox"/> New student member application (incl. 2003 membership fee and one year journal issues)	390	—
<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-2003 conference proceedings to your address, add: USA \$5 Canada \$5 Other countries \$10		

Conference Tour, Thursday: [Find in General Information](#)

If register **after April 25**, add \$80 _____
 For other tours, see Update on www.isopec.org

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 2,800-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.

DEADLINES FOR ADVANCE CONFERENCE REGISTRATION

1) March 7, 2003 for the Presenting Author or Co-Author Per Paper.

2) April 25, 2003 for others. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until April 25, 2003, and paid participants will receive confirmation. Forms received **after April 25** 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, 2003** 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 _____, 2003

Airmail 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 1-650-254-2038 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 25, 2003**.