

Invoice and Advance Symposium Registration Form
ISOPE PACOMS-2006: 7th ISOPE Pacific/Asia Offshore Mechanics Symposium
September 17-20, 2006, Dalian, China

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) _____

Paper Number
 (If Author or co-author)
 Pacoms-2006-____-____

MAILING ADDRESS (full address including company name)

Company _____ Dept _____
 Street _____ City _____ State (province) _____
 Zip(postal) _____ Country _____ Office Phone _____ Fax _____

Advance Registration Fees attending from outside mainland

Mainland participants: Ask another form from pacoms@dlut.edu.cn
 (Please check boxes as appropriate, fill in the amount to be paid, and enclose correct payments). All persons attending the symposium are required to register and pay the appropriate fee. Registration fees received **after July 12, add a surcharge of 80 US\$.**

CANCELLATIONS - Request in writing for cancellation of registration received by **July 24, 2006** only will be granted a refund minus **80 US\$** processing charge.

Category	Advance Registration Fee (US \$)* received before July 12	
<input type="checkbox"/> Author, Co-authors	350	_____
<input type="checkbox"/> Session or Symposium Chair, Co-Chair	350	_____
<input type="checkbox"/> ISOPE Member	350	_____
<input type="checkbox"/> ISOPE member with new application (incl. 2007 membership fee and 1-year journal issues)	440	_____
<input type="checkbox"/> Non-Member	420	_____
<input type="checkbox"/> Spouses (no proceedings, incl. Meals)	100	_____
<input type="checkbox"/> Full-time Student with 2006 ID Card	250	_____
<input type="checkbox"/> DUT Reception	Free	_____
<input type="checkbox"/> PACOMS Banquet	Free	_____
<input type="checkbox"/> Reserve a Seat for Symposium Tour	Free	_____

TOTAL AMOUNT DUE

Reserve a seat for Symposium Tour free _____

* The *registration fee* includes a symposium proceeding, the symposium reception and banquet, group lunches, and tea breaks.

DEADLINE for Advance Symposium Registration: **July 12, 2006**. Completed Advance Registration Forms with correct amount of payment (or remittance) in US\$ will be processed until **July 12, 2006**, and the fee-paid participants will receive confirmation. Forms received after **July 12, 2006** will be returned to the sender for on-site registration with a surcharge of **50 US\$**. **Registrants will not be individually invoiced.**

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.
 A check drawn on a bank in USA only will be accepted.
- I am paying by credit card (Circle one: **MasterCard, Visa, Amex**).
The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.

Card No. _____ 3-/4-digit code _____

Cardholder's Name _____ Exp. Date _____

Signature _____ Date _____, 2002

Air-Mail or Fax this form with correct payment to:

ISOPE PACOMS-2006
495 North Whisman Road, #300
Mountain View, California 94043-5711, USA

FAX +1-650-254-2038; If faxed, no need to airmail.
ISOPE Federal ID #84-1144712

Photocopy, Complete, and Send (Fax) This Form to ISOPE