

ISOPE-2006: Invoice and Advance Conference Registration Form
16th (2006) International Offshore and Polar Engineering Conference
May 28–June 2, 2006, Grand Hyatt San Francisco Hotel, San Francisco, California, USA

Please Type Or Print Clearly

NAME _____ (Circle) Male Female
 Surname (Family) 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
 (only if author or co-author):
2006- _____ - _____

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) IRO (The Netherlands) JSMS (Japan) KSOE (Korea) KSCE (Korea) JASNAOE (Japan) NPF (Norway) OES (U.K.) PII (Indonesia) RAS (Russia) SOBENA (Brazil) SPRI (UK) SSSS (Singapore) VTT (Finland) TSOE 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. **After April 28, add a surcharge of \$80.**

Category	Advance Registration Fee (US\$)*	
See DEADLINES	2+days	1 day
<input type="checkbox"/> ISOPE Members	580	480
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	620	520
<input type="checkbox"/> Member of Coop. organizations	620	520
<input type="checkbox"/> Non-member	650	550
<input type="checkbox"/> New ISOPE member application (incl. 2006 membership fee and one year journal issues)	670	570
<input type="checkbox"/> ISOPE Membership fee, 2006	90	90
<input type="checkbox"/> ISOPE Member Full-time Student: 2006 ID	360	360
<input type="checkbox"/> Nonmember Full-time Student with 2006 ID	390	390
<input type="checkbox"/> New student member application (incl. 2006 membership fee and one year journal issues)	410	410
<input type="checkbox"/> Additional /Separate Banquet Ticket	65	65

1-day registrant must circle one:
 Monday Tuesday Wednesday Thursday

For direct air mailing of CD-ROM of 4-volume ISOPE-2006 conference proceedings to your address, add:
 USA \$5 Canada \$5 Other countries \$10 _____

Conference Tour and Spouse Program: Find details in this program

If register after April 28, add \$80 _____
 For tour update, see Update on www.isope.org

TOTAL AMOUNT DUE US\$ _____

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

* The **1-day registration fee** **includes** CD-Rom of the **4-volume** conference proceedings, the conference reception, tea breaks.

DEADLINES FOR ADVANCE CONFERENCE REGISTRATION

1) March 6, 2006 for the presenting author (or co-author) per paper.
2) April 28, 2006 for others. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until April 28, 2006, and paid participants will receive confirmation. Forms received after **April 28** 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 3, 2006** only will be granted a refund minus US\$70 handling fee except an author per paper published in the proceedings.

METHODS OF PAYMENT: 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, Visa or Amex is accepted). *The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.*

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

Cardholder's Name _____ Exp. Date _____

Signature _____ Date _____, 2006

Fax this registration form with correct amount of payment to:
If faxed, no need to airmail.

ISOPE, 495 North Whisman Road, Suite 300
Mountain View, California 94043-2111, USA
FAX 1-650-254-2038 ISOPE Federal ID #84-1144712

Copy or download from www.isope.org. Complete and send this form with correct amount to reach ISOPE no later than **April 28, 2006.**

