

Invoice and Advance Symposium Registration Form
ISOPE PACOMS-2008: 8th ISOPE Pacific/Asia Offshore Mechanics Symposium
November 9-13, 2008, Bangkok, Thailand

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) P08-

MAILING ADDRESS (full address including company name)

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

Advance Registration Fees attending from outside Thailand
 Thai participants: Ask another form from somchai.chu@kmutt.ac.th

Registrants will not be individually invoiced.

(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 for "non-presenting participants received by **October 10, 2008** only will be granted a refund minus **80 US\$** processing charge.

Category	Advance Registration Fee (US \$)*	
	received before deadline	
<input type="checkbox"/> Author, Co-authors	400	_____
<input type="checkbox"/> Session or Symposium Chair, Co-Chair	400	_____
<input type="checkbox"/> ISOPE Member	400	_____
<input type="checkbox"/> ISOPE member with new application (incl. 2009 membership fee and 1-year journal issues)	490	_____
<input type="checkbox"/> Non-Member	470	_____
<input type="checkbox"/> Spouses (no proceedings, incl. lunch)	100	_____
<input type="checkbox"/> Full-time Student with 2008 ID Card	300	_____
<input type="checkbox"/> PACOMS Banquet	Free	_____
<input type="checkbox"/> Reserve a Seat for Symposium Tour	Free	_____
<input type="checkbox"/>		_____

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

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 _____, 2008

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.
 Wire transfer: Email to ISOPE for instructions.

Fax or email this registration form with correct amount of payment to:
1-650-254-2038; isope-2@isope.org; or

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

ISOPE Federal ID #84-1144712

TOTAL AMOUNT DUE

Reserve a seat for Symposium Tour **Free** _____

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

DEADLINE for Advance Symposium Registration:

1) June 1, 2008 for one presenter per paper: No cancellation refund granted.

2) October 1, 2008 for others.

Complete and send this Registration Form with correct payment amount in US\$. The fee-paid participants will receive confirmation. If received after the deadline, the sender can do on-site registration with a surcharge of 80 US\$.

Card No. _____ 3-/4-digit code _____ Cardholder Name _____ Exp. Date _____

Copy or download from www.isope.org. Complete and send this form with correct amount to reach ISOPE by applicable deadlines.