

ISOPE-2012 Rhodes: Invoice and Advance Conference Registration Form
22nd (2012) International Offshore (Ocean) and Polar Engineering Conference
Rodos Palace Hotel, June 17-22, 2012, Rhodes (Rodos), Greece

Please Type or Print Clearly

NAME _____ (Check) Male Female
 Surname (Family) Forename (Given) Middle Initial

TITLE (Check) Prof. Dr. Mr. Mrs. Ms. Spouse's Name (if attending) _____

MAILING ADDRESS (full address including company name) Buy a banquet ticket by May 20 only

Company _____ Dept _____

Street _____ City _____ State (province) _____ Zip(postal) _____

Country _____ Office Phone _____ Fax _____ E-mail _____

Sponsor and Cooperating Societies (circle one): ISOPE ASCE (USA) CAPP (Canada) CSCE (Canada) CSOE (China) CSNAME (China) CSTAM (China) DKMM (Germany) GMT (Germany) INAE (India) IE (Australia) IEA-OES 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) TCG (Greece) EIT (Thailand) TOC (Turkey) TSOE USME (Ukraine) VTT (Finland)

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 May 20, add a surcharge of \$100.**

Category See DEADLINES	Advance Registration Fee (US\$)*	
	2+days	1 day*
<input type="checkbox"/> ISOPE Members	670	570
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	720	620
<input type="checkbox"/> Member of Coop. organizations	720	620
<input type="checkbox"/> Non-member	800	700
<input type="checkbox"/> New ISOPE member application (incl. 2012 membership fee and 4234 Journal issues)	770	670
<input type="checkbox"/> ISOPE Membership fee, 2012	100	100

Student O go dgtu(' Uwf gpv/Authors

<input type="checkbox"/> ISOPE Student Member	460	460
<input type="checkbox"/> Nonmember full-time student with 2012 ID	500	500
<input type="checkbox"/> New student member application (incl. 2012 membership fee and one year Journal issues)	510	510

<input type="checkbox"/> Spouse Conf. Banquet ticket by May 20 only	120	120
---	-----	-----

<input type="checkbox"/> *1-day registrant must check one: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	
<input type="checkbox"/> For mailing of ISOPE-2012 conference proceedings (CD-ROM) to your address, add: USA \$10; Others \$30 (Express)	
<input type="checkbox"/> If registering after May 20, add \$100	
TOTAL AMOUNT DUE	US\$

The **full Conference registration fee** (2 days or more) includes the reception, a banquet ticket, tea breaks, and a conference proceedings (CD-ROM).

* The **1-day registration fee** includes a conference proceedings, tea breaks.

For general information, on www.isopec.org; www.isopec2012.org

Card No. _____ Cardholder Name _____ Exp Date _____

ISOPE Office Use Only:
 AP: _____ REF: _____ Date Processed: _____

Paper Number
(if author or co-author):

2012- _____ - _____

DEADLINES FOR ADVANCE REGISTRATION

1) March 24, 2012: full conference registration for the presenting author (or co-author) per paper. No cancellation refund granted.

2) May 20, 2012 for others. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until **May 20, 2012**, and paid participants will receive confirmation. Forms received after **May 20** are subject to a surcharge of US\$100. **Registrants will not be individually invoiced.**

CANCELLATIONS - Request in writing for cancellation of registration received by **June 1, 2012** only will be granted a refund minus US\$100 handling fee except an author per paper included in the proceedings.

METHODS OF PAYMENT: Make checks or international money orders (payable to ISOPE). Payments must accompany this Advance Registration Form.

I am paying by credit card (only **MasterCard, Visa** or **AMEX** are accepted). *The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.*

Card No. *Write down below* Exp. Date *Write down below*

Cardholder Name *Write down below*

Signature _____ Date _____

Wire transfer: Email to ISOPE for instructions 2 weeks before deadline.

Enclosed is an international money order or a check drawn only on a **bank in the USA** for the amount of US\$ _____.

Fax 1-650-254-2038 or Email to isopec-2@isopec.org.

Or send this registration form with payment to:

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

ISOPE Federal ID #84-1144712