

## Hilton Head 2016 Workshop REGISTRATION FORM

Institution: Government  Government/Lab  Industry  Self-Employed  University

Gender: Female  Male

First Time Attendee: Yes  No

First/Given Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Preferred First Name on Name Tag: \_\_\_\_\_ Degree: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Classification: Conference Presenter  Participant  Paper No. \_\_\_\_\_

Please note that at least one author has to register for each paper in order to publish it in the conference proceedings and the final program. For this reason, please insert your paper number.

Email included on Participant's List for all attendees? Yes  No

Name on electronic mailing list to be available to commercial supporters and conference attendees: Yes  No

If you require special arrangements, please indicate your request below:

Dietary: \_\_\_\_\_ Physical: \_\_\_\_\_

### REGISTRATION FEE

	Early Bird On or Before March 22, 2016	Advanced March 23, 2016 to May 3, 2016	Standard After May 3, 2016	
<input type="checkbox"/> Participant	\$875	\$975	\$1075	\$ _____
<input type="checkbox"/> International Alumni*	\$875	\$975	\$1075	\$ _____
*Previous Year's Attendance Required: _____				
<input type="checkbox"/> Commercial Representative	\$2000	\$2000	\$2000	\$ _____
<input type="checkbox"/> Complimentary with Code: _____				\$ 0.00

Registration will close on May 31, 2016 and no Onsite Registrations will be accepted. Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The registration fee includes program material, electronic proceedings, welcome reception, Tuesday Conference Banquet, lunches, refreshment/coffee breaks, and a 20% non-refundable cancellation fee. A \$50 fee will be charged for all substitutions. All requests for refunds must be received in writing no later than May 27, 2016. No refunds will be made after this date.

### GUEST MEAL TICKETS (Valid for all breakfasts, lunches and social functions)

	Discounted Before May 31, 2016	Onsite After May 31, 2016		
<input type="checkbox"/> Adult Guest Meal Ticket	\$225/each	\$250/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child (Ages 7 – 12) Guest Meal Ticket	\$100/each	\$125/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child Ages 6 and under Guest Meal Ticket	FREE	FREE	No. of tickets: _____	\$ _____

Name of Guest(s) \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_

**ATTENDEE REGISTRATION PAYMENT**

**Check/Money Order**

**Credit Card Payment** (circle one):                      VISA                                      MasterCard                                      American Express

Card No.: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_ Verification Code (3 digit number on the signature line of your card): \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**GUEST MEAL TICKET PAYMENT**

If you do not need to use a second form of payment, please disregard

**Check/Money Order**

**Credit Card Payment** (circle one):                      VISA                                      MasterCard                                      American Express

Card No.: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_ Verification Code (3 digit number on the signature line of your card): \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

If you prefer to pay by check or money order, complete and mail this form with your check or money order payable to:

**Hilton Head 2016 Workshop**

c/o PMMI  
307 Laurel Street  
San Diego CA 92101-1630  
USA

Phone: 1-619-232-9499  
Fax: 1-619-232-0799  
Email: [info@hiltonhead2016.org](mailto:info@hiltonhead2016.org)