



Conference Registration Form

First Name _____ MI _____ Last Name _____

Affiliation _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Extension _____ Fax _____

E-mail _____

Registration Fees

Member*	\$ 545.00	Postmarked prior to September 15, 2017	\$ _____
Member*	\$ 645.00	Postmarked after September 15, 2017	\$ _____
Non-Member*	\$ 605.00	Postmarked prior to September 15, 2017	\$ _____
Non-Member*	\$ 705.00	Postmarked after September 15, 2017	\$ _____
Daily Registration	\$ 100.00	Per Day (Dates Attending _____)	\$ _____
Additional Reception Ticket	\$ 25.00	Per Person (Number _____)	\$ _____
Total			\$ _____

CANCELLATIONS with refund will be accepted in writing through close of business September 15, 2017.

* Includes Two (2) Year Membership - January 1, 2018 – December 31, 2019

Return this form with payment to:

**Interstate Shellfish Sanitation Conference
 2017 Biennial Meeting Registration
 209 Dawson Road, Suite 1
 Columbia, SC 29223-1740**

Check enclosed in the amount of \$ _____ *Please make check payable to ISSC.*

Please charge my MasterCard Visa American Express in the amount of \$ _____.

Card Number _____ Expiration Date ____/____ (month/year) CID _____

Name on Card _____

Billing Address _____

City/State/Zip _____

Electronic Signature _____