



## 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 _____)	\$ _____
<b>Total</b>			<b>\$ _____</b>

**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 \_\_\_\_\_