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 December 24, 2026	$ _____
Member*	$ 645.00	Postmarked after December 24, 2026	$ _____
Non-Member*	$ 605.00	Postmarked prior to December 24, 2026	$ _____
Non-Member*	$705.00	Postmarked after December 24, 2026	$ _____
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 December 24, 2026.
* Includes Two (2) Year Membership - January I, 2027 - December 31, 2028

Return this form with payment to:

Interstate Shellfish Sanitation Conference
4801 Hermitage Road, Suite 102
Richmond, VA 23227

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 _____