



# SCS Conference Registration Form

(Please fill out and fax or e-mail back to SCS. You may also hand-carry to the conference for onsite registration.)

CONFERENCE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Track/Symposia Attending: \_\_\_\_\_

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Nickname for Badge: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## DEMOGRAPHICS:

SCS Member Number: \_\_\_\_\_  
Author/Presenter: **Y** / **N** (circle) Paper Name/Number: \_\_\_\_\_

Attendee Type:  Government  Industry  Academia  Other  
Attendee History:  Attended Last Year  First-Time Attendee

## CONFERENCE REGISTRATION OPTIONS

Type	Member	Non-Member	Quantity
<input type="checkbox"/> Early Registration .....	\$ _____	\$ _____	_____
<input type="checkbox"/> Regular Registration .....	\$ _____	\$ _____	_____
<input type="checkbox"/> Late/Onsite Registration .....	\$ _____	\$ _____	_____
<input type="checkbox"/> Extra Paper Charge (2 or more papers/author).....	\$ _____	\$ _____	_____
<input type="checkbox"/> Extra Page Charge (for each page over 8).....	\$ _____	\$ _____	_____
<input type="checkbox"/> Hard Copy of Conference Proceedings .....	\$ _____	\$ _____	_____
<input type="checkbox"/> Bringing Guest to Reception.....	FREE	FREE	_____
<input type="checkbox"/> SCS 17oz Ceramic Mug.....	\$12	\$15	_____
<input type="checkbox"/> SCS Polo Shirt (specify below).....	\$25	\$30	_____
Men's/Women's	S, M, L, XL	Blue/White	

50% Discount on Registration Fee Only (Circle if applicable) **Full-Time Student** / **Retiree** - \_\_\_\_\_  
**TOTAL DUE:**..... \$ \_\_\_\_\_

## Method of Payment

Credit Card:  MC  VISA  AMEX  DISCOVER  Other (please contact SCS)

Credit Card Number: \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Name on Card: \_\_\_\_\_

Billing Address:  SAME AS ABOVE or \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

\* All checks must be made payable to SCS and drawn on U.S. Banks or International Money Orders in U.S. funds

## SCS CONFERENCE CANCELLATION/REFUND POLICY

All SCS conference cancellations and requests for refunds must be made in writing and sent to the [SCS Main Office](#). Requests may be e-mailed, mailed or faxed (contact information below). Telephone requests will not be honored.

### **Full Refunds – More than 30 Days Notice**

To receive a full refund, SCS must receive written requests no later than 30 days prior to the first day of the conference.

### **50% Refunds – Less than 30 Days Notice**

Refund requests received within 30 days of the start of the conference will be subject to a 50% refund.

### **No Refunds – Within 2 Weeks**

Refund requests received within 2 weeks of the start of the conference will not be eligible for a refund.

### **Author Refunds**

Authors who have their papers included in the proceedings are not eligible for a refund. Authors may receive a refund if they withdraw their papers before the paper is included in electronic or hard-copy proceedings.

### **Emergency Illness or Death of Registrant or Immediate Family Member:**

Refunds may be granted if an attendee is unable to attend the Conference due to a family death, illness, or other extraordinary circumstance. In such a circumstance, the SCS Main Office must be contacted by phone, letter or e-mail.

SCS will refund fees as soon as possible and no later than three (3) weeks after the conference has concluded.

### **Substitution Policy:**

Registrants may send a substitute in their place in lieu of requesting a refund.

### **Returned Check Policy:**

If any checks are returned because of insufficient funds, SCS will charge a \$25 fee. Registrants will also be required to pay the amount SCS is charged by the financial institution that returned the check. SCS reserves the right to refuse to honor future checks submitted by violators.

**To request a refund, contact the SCS Main Office at:**

### **The Society for Modeling & Simulation International**

Conference Cancellation/Refund Inquiry

2598 Fortune Way, Suite I

Vista, CA 92081

**E-mail:** [scs@scs.org](mailto:scs@scs.org) **Fax:** 858-277-3930 **Phone:** 858-277-3888

<http://www.scs.org>