

Invoice and Advance Symposium Registration Form
ISOPE IDOT-2009: the 3rd International Deep-Ocean Technology Symposium
June 28–July 1, 2009, Beijing, China

PLEASE TYPE OR PRINT CLEARLY

NAME _____ (Circle) Male Female
 Surname (Last) Forename (First) Middle I.
 TITLE (Circle) Prof. Dr. Mr. Mrs. Ms. Spouse's Name (if attending) _____

Paper Number (If co-author) ID09-
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MAILING ADDRESS (full address including company name)

Company _____ Dept _____ E-mail _____
 Street _____ City _____ State (province) _____
 Zip(postal) _____ Country _____ Office Phone _____ Fax _____

Advance Registration Fees

(Please check boxes as appropriate, fill in the amount to be paid, and enclose correct payments). All persons attending the symposium are required to register and pay the appropriate fee. Registration fees received **after June 1, add a surcharge of 100 US\$.**

Category	Advance Registration Fee (US \$)* received before deadline	
<input type="checkbox"/> Authors, Co-authors	400	_____
<input type="checkbox"/> ISOPE Member	400	_____
<input type="checkbox"/> ISOPE member with new application (incl. 2010 membership fee and 1-year journal issues)	500	_____
<input type="checkbox"/> Non-Member	500	_____
<input type="checkbox"/> Spouses (no proceedings, incl. lunch)	Free	
<input type="checkbox"/> COSL Reception	Free	
<input type="checkbox"/> IDOT Banquet	Free	
<input type="checkbox"/> Reserve a Seat by June 1 for Speaker Tour, June 28	Free	

TOTAL AMOUNT DUE _____

* The *registration fee* includes a CD-ROM of symposium proceeding, the symposium reception and banquet, group lunches, and tea breaks.

DEADLINE for Advance Symposium Registration: **June 1, 2009**

Complete and send this Registration Form with correct payment amount in US\$. The fee-paid participants will receive confirmation. If received after the deadline, the sender can register with a surcharge of 100 US\$.

Registrants will not be individually invoiced.

CANCELLATIONS - Request in writing for cancellation of registration for "non-presenting participants received by **June 10, 2009** only will be granted a refund minus 100 US\$ processing charge.

METHOD OF PAYMENTS: Make checks or international money orders *payable to ISOPE*. Payments must accompany this Advance Registration Form.

I am paying by credit card (Circle one: **MasterCard, Visa, Amex**).
The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.

Card No. _____ 3-/4-digit code _____

Cardholder's Name _____ Exp. Date _____

Signature _____ Date _____, 2008

- Enclosed is an international money order or a check drawn on a bank in the USA for the amount of US\$ _____. A check drawn on a bank outside the USA will not be accepted.
- Wire transfer: Email to ISOPE for instructions.

Fax or email this registration form with correct amount of payment to:
1-650-254-2038: isope-2@isope.org; or

**ISOPE, 495 North Whisman Road, #300
 Mountain View, California 94043-5711, USA**

ISOPE Federal ID #84-1144712

Card No. _____ 3-/4-digit code _____ Cardholder Name _____ Exp. Date _____

Copy or download from www.isope.org. Complete and send this form with correct amount to reach ISOPE by applicable deadlines.