

ISOPE-2011 Maui: Invoice and Advance Conference Registration Form
21st (2011) International Offshore (Ocean) and Polar Engineering Conference
Hyatt Regency Maui Hotel, June 19-24, 2011, Maui, Hawaii, USA

Please Type or Print Clearly

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

Paper Number (if author or co-author): 2011- _____ - _____

MAILING ADDRESS (full address including company name)

Company _____ Dept _____ E-mail _____

Street _____ City _____ State (province) _____

Zip(postal) _____ Country _____ Office Phone _____ Fax _____

Sponsor and Cooperating Societies (circle one): ISOPE ASCE (USA) CAPP (Canada) CSCE (Canada) CSOE (China) CSNAME (China) CSTAM (China) DKMM (Germany) GMT (Germany) INAE (India) IE (Australia) IEA-OES IRO (The Netherlands) JSMS (Japan) KSOE (Korea) KSCE (Korea) JASNAOE (Japan) NPF (Norway) OES (U.K.) PII (Indonesia) RAS (Russia) SOBENA (Brazil) SPRI (UK) SSSS (Singapore) TCG (Greece) EIT (Thailand) TOC (Turkey) TSOE USME (Ukraine) VTT (Finland)

I pay at ISOPE member rate: Membership number _____

I pay at cooperating society member rate: Membership number _____

ADVANCE REGISTRATION FEES

Please check boxes as appropriate and fill in the amount to be paid. All persons attending the conference are required to register and pay the appropriate fee. **After May 20, add a surcharge of \$100.**

Category	Advance Registration Fee (US\$)*	
	2+days	1 day
<input type="checkbox"/> ISOPE Members	650	550
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	700	600
<input type="checkbox"/> Member of Coop. organizations	700	600
<input type="checkbox"/> Non-member	780	680
<input type="checkbox"/> New ISOPE member application (incl. 2011 membership fee and one year Journal issues)	750	650
<input type="checkbox"/> ISOPE Membership fee, 2011	100	100
<input type="checkbox"/> ISOPE Member full-time student w/2011 ID	460	460
<input type="checkbox"/> Nonmember full-time student with 2011 ID	500	500
<input type="checkbox"/> New student member application (incl. 2011 membership fee and one year Journal issues)	510	510
<input type="checkbox"/> Spouse /Separate Conference Banquet ticket	120	120
<input type="checkbox"/> Lunch tickets (4-day package #1)	120	N/A
<input type="checkbox"/> Lunch tickets (4-day package #2)	80	N/A
<input type="checkbox"/> 1-day registrant must check one:		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday		
<input type="checkbox"/> For direct shipping of CD-ROM of 4-volume ISOPE-2011 conference proceedings to your address, add: USA \$10 Other countries \$30 (Express)		
<input type="checkbox"/> If registered after May 20, add \$100		

For Conference tour & lunch menus, see General Info on www.isope.org; www.isope2011.org

TOTAL AMOUNT DUE US\$ _____

The **full** Conference registration fee (2 days or more) includes the conference reception, a conference banquet ticket, tea breaks, and a CD-ROM of the 3,500-pp. (est.) 4-volume conference proceedings.

* The **1-day** registration fee includes CD-Rom of the 4-volume conference proceedings, tea breaks.

DEADLINES FOR ADVANCE REGISTRATION

1) March 24, 2011: full conference registration for the presenting author (or co-author) per paper. No cancellation refund granted.

2) May 20, 2011 for others. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until **May 20, 2011**, and paid participants will receive confirmation. Forms received after **May 20** are subject to a surcharge of US\$100. **Registrants will not be individually invoiced.**

CANCELLATIONS - Request in writing for cancellation of registration received by **June 1, 2011** only will be granted a refund minus US\$100 handling fee except an author per paper included in the proceedings.

METHODS OF PAYMENT: Make checks or international money orders (payable to ISOPE). Payments must accompany this Advance Registration Form.

I am paying by credit card (only MasterCard, Visa or AMEX are accepted). The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.

Card No. ___ Security code ___ Exp. Date ___ Write down below!

Cardholder Name _____

Signature _____ Date _____

Wire transfer: Email to ISOPE for instructions 2 weeks before deadline.

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.

Fax 1-650-254-2038 or Email to isope-2@isope.org.

Or send this registration form with payment to:

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

ISOPE Federal ID #84-1144712

Card No. _____

Card Security code _____

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ISOPE Office Use Only:

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Date Processed: : _____