

**Invoice and Advance Symposium Registration Form**  
**ISOPE OMS-2013: 10th ISOPE Ocean Mining Symposium**  
 September 22-26, 2013, Szczecin, Poland

*This form is for the participants from countries other than Poland*

**Please Type or Print Clearly**

NAME \_\_\_\_\_ (Check) Male  Female   
 Surname (Family) Forename (Given) Middle Initial

**Paper Number**  
(If author or co-author):

**2013- M13 - \_\_\_\_\_**

TITLE (Check)  Prof.  Dr.  Mr.  Mrs.  Ms. Spouse's Name (if attending) \_\_\_\_\_

MAILING ADDRESS (full address including company name)

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

**Advance Registration Fees attending from outside Poland**

**Polish** participants: Ask another form from [oms@iom.gov.pl](mailto:oms@iom.gov.pl)

(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 May 1, add a surcharge of 100 US\$**.

Category	Advance Registration Fee (US \$)* received before <b>deadline</b>	
<input type="checkbox"/> Author, Co-authors	450	_____
<input type="checkbox"/> Session or Symposium Chair, Co-Chair	450	_____
<input type="checkbox"/> ISOPE Member	450	_____
<input type="checkbox"/> ISOPE member with new application (incl. 2013 membership fee and 1-year journal issues)	540	_____
<input type="checkbox"/> Non-Member	540	_____
<input type="checkbox"/> Spouses (no proceedings, incl. lunch)	100	_____
<input type="checkbox"/> Full-time Student with 2013 ID Card	350	_____
<input type="checkbox"/> OMS Banquet	Free	_____
<input type="checkbox"/> <i>Sponsors: Check <a href="mailto:oms@iom.gov.pl">oms@iom.gov.pl</a></i>		
<input type="checkbox"/> Reserve a Seat for Symposium Tour	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:

- 1) **May 1, 2013 for one presenter per paper:** No cancellation refund granted.
- 2) **August 20, 2013 for others.**

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 do on-site registration 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 **August 20, 2013** only will be granted a refund minus **100 US\$** processing charge.

**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** is accepted). *The card number should be typed in bold face or written clearly to be readable in the transmitted fax copy.*

Card No. *Write down below* Exp. Date *Write down below*  
 Cardholder Name *Write down below*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Enclosed is an international money order or a check drawn only on a **bank in the USA** for the amount of US\$ \_\_\_\_\_.

**Fax** or email this registration form with correct amount of payment to:

**1-650-254-2038: [isope-2@isope.org](mailto:isope-2@isope.org); or mail to:**

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

**ISOPE Federal ID #84-1144712**

Card No. \_\_\_\_\_ Cardholder Name \_\_\_\_\_ Exp Date \_\_\_\_\_  
 MM/YY

**Copy or download from [www.isope.org](http://www.isope.org). Complete and send this form with correct amount to reach ISOPE by applicable deadlines.**

ISOPE Office Use Only:

AP: \_\_\_\_\_ Date Processed: : \_\_\_\_\_ REF: \_\_\_\_\_