

ISOPE-2015 Kona: Invoice and Advance Conference Registration Form
25th (2015) International Ocean and Polar Engineering Conference
Hilton Waikoloa Village Hotel, Kona, Big Island, Hawaii, USA, June 21-26, 2015

Paper Number (If author or co-author): 2015-_____ - _____

Please Type or Print Clearly **Easy-fill PDF form on www.isopec.org > program > ISOPE-2015 Conference**

NAME _____ (Check) Male Female
 Last (Family/Surname) Forename (Given) Middle Initial
 TITLE (Check) Prof. Dr. Mr. Mrs. Ms. Spouse's Name (if attending) _____
 Buy extra banquet tickets by May 22 only

MAILING ADDRESS (full postal address including company name)
 Company _____ Dept _____
 Street _____ City _____ State (province) _____ Zip(postal) _____
 Country _____ Office Phone _____ Fax _____ E-mail _____

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 coop society rate: society name _____ 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 15, add a surcharge of \$150.** (See DEADLINES)

Category	Advance Registration Fee (US\$)*	
	2+days	1 day*
<input type="checkbox"/> ISOPE Members	690	590
<input type="checkbox"/> Author, Co-author, Chair, Co-Chair (non-ISOPE members)	750	630
<input type="checkbox"/> Member of Cooperating. organizations	750	630
<input type="checkbox"/> Non-member	840	720
<input type="checkbox"/> New ISOPE member application (incl. 2015 membership fee 2015 Journal issues)	790	670
<input type="checkbox"/> ISOPE Membership fee, 2015	120	120

Student Members & Student Authors

<input type="checkbox"/> ISOPE Student Member	480	480
<input type="checkbox"/> Nonmember full-time student with 2015 ID	540	540
<input type="checkbox"/> New student member application (incl. 2015 membership fee and one year Journal issues)	540	540

<input type="checkbox"/> Spouse Conf. Banquet ticket by May 22 only	130	130
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* 1-day registrant must check one:

Monday Tuesday Wednesday Thursday

<input type="checkbox"/> If registering after May 22, add \$150	
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TOTAL AMOUNT DUE	US\$
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The **full Conference registration fee** (2 days or more) **includes** the reception, a banquet ticket, tea breaks, and conference proceedings (ISSN 1098-6189).

* The **1-day registration fee includes** conference proceedings, tea breaks.

For general information, on www.isopec.org

**Card No. _____ Cardholder Name _____ Exp Date _____
 MM/YY

DEADLINES FOR ADVANCE REGISTRATION

1) March 24, 2015: full conference registration for the presenting author (or co-author) per paper. No cancellation refund granted.

2) May 22, 2015 for others. Completed Advance Registration Forms with correct amount of payment (or remittance) in US Dollars will be processed until **May 22, 2015**, and paid participants will receive confirmation. Forms received after **May 22** are subject to a surcharge of US\$150. **Registrants will not be individually invoiced.**

CANCELLATIONS - Request in writing for cancellation of registration received by **June 5, 2015** only will be granted a refund minus US\$150 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 – no debit cards.

*The card number, cardholder name, and expiration date should be typed or written clearly in the space below**, to be readable in a transmitted fax or e-mail attachment.*

Cardholder 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\$ _____.

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

Or mail this registration form with payment to:

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

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ISOPE Office Use Only: AP: _____ REF: _____ Date Processed: : _____
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