

REGISTRATION AND PAYMENT FORM

Reduced Registration If Booked
with the Marriott Norfolk Waterside
\$525.00USD *Read the note below for details.

All Other Registrations
\$650.00USD**Read the note below for details.

*\$525.00 registration fee includes the 3 ½ day workshop, 4 breakfasts, 3 lunches, 2 receptions (on the nights there is not a dinner), 1 banquet dinner on site, 1 dinner off site (at a scenic location) and 8 beverage breaks. Audio visual , poster boards, meeting space and abstract book all for the workshop are included too. The discounted registration fee is for those attendees that stay at the conference hotel at the negotiated discounted room rate of \$129.00 per room per night plus applicable taxes.

**\$650.00 registration fee includes the 3 ½ day workshop, 4 breakfasts, 3 lunches, 2 receptions (on the nights there is not a dinner), 1 banquet dinner on site, 1 dinner off site (at a scenic location) and 8 beverage breaks. Abstract book all for the workshop are included too. The increased registration fee is for those attendees that DO NOT stay at the conference hotel. This causes an increase in the workshop expenses to the hotel.

REGISTRANT INFORMATION

| | | |
|--------------------------|------------------------|-----------------|
| Dr./Mr./Mrs./Ms. | First Name | Last Name |
| | | |
| Street Mailing Address 1 | Mailing Address 2 | |
| | | |
| City/Town | Province/State | Postal/Zip Code |
| | | |
| Telephone Number | Fax Number | Email Address |
| | | |
| Job Title | Affiliation or Company | Country |
| | | |

CONFERENCE REGISTRATION

| | | |
|-----------------------------|-------------------------------|------------------------------|
| Please check if Reduced Fee | Please check if All Other Fee | Submitting an Abstract? |
| <u> \$525USD </u> | <u> \$650USD </u> | <u> Yes </u> <u> No </u> |
| | | |

BILLING

Pay with VISA _____ MC _____

| | | | |
|---------------------|----------------------------|-----------------|---------------|
| Card Account Number | Name & Address on the Card | Expiration Date | Security Code |
| | | | |

SIGNATURE:

Date:

Mail with check to: Annual Workshop on SIMS, 1045 Carbondale Way, Gambrills, Maryland 21054

Fax with credit card information to: 410-451-7373

SIMS Conference Telephone, A Matter of Time and Convenience: 1-410-451-0002