



## Conference Registration Form

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Badge Name (as you desire it to appear on your name badge) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Registration Fees			
Registration	\$ 520.00	Postmarked prior to December 1, 2013	\$
Registration	\$ 620.00	Postmarked after December 1, 2013	\$
Daily Registration	\$ 100.00	Per Individual	\$
Total Number Attending		Days of Attendance Open	
Additional Reception Ticket	\$ 25.00		
<b>Total</b>			<b>\$</b>

**CANCELLATIONS** with refund will be accepted in writing through close of business December 20, 2013.

**Return this form with payment to:**

**Interstate Shellfish Sanitation Conference  
 2013 Biennial Meeting Registration  
 209 Dawson Road, Suite 2  
 Columbia, SC 29223-1740**

**Phone: 803-788-7559  
 Fax: 803-788-7576  
 Email: [issc@issc.org](mailto:issc@issc.org)**

Check enclosed in the amount of \$  *Please make check payable to ISSC.*

Please charge my  MasterCard  Visa  American Express in the amount of \$ \_\_\_\_\_.

Card Number

Expiration Date  (month/year)  CID (3 digit code on back of card MC/Visa)  
 (4 digit code on front for American Express)

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Electronic Signature \_\_\_\_\_