



Registration Fee is \$475.00. Fee includes participant meals. Please complete and return or fax registration form by **April 1, 2008 to avoid late registration fee of US \$525.00.**

Please note: The information on the form will be used in the conference materials. Please make sure your name, school/organization, and title of talk are exactly as you would like them to appear in the conference material.

PART I - PARTICIPANT INFORMATION:

Last Name _____

First Name: _____

University/Organization: _____

Department: _____

Mailing Address: _____

City: _____

State: _____ Postal Code: _____ COUNTRY: _____

Email: _____

Title of Talk: _____



PART II - ATTENDANCE INFORMATION:

Sun, June 8, 2008:	<input type="checkbox"/> Welcome Reception Dinner & Registration	Participants meals are covered with registration fee. Additional meal tickets can be purchased at the rates below (taxes and gratuities included). Welcome Reception Dinner , June 8 _____ \$68.00 Breakfast, June 9-13 (5 days max) _____ \$26.00 Mid-week Dinner, June 11 _____ \$70.00 (Guest Name 1): _____ (Guest Name 2): _____ (Guest Name 3): _____ (Guest Name 4): _____ Total Breakfast Tickets: _____ x _____ days (5 max) x \$26 = \$ _____ Total Welcome Dinner Tickets: _____ x \$68 = \$ _____ Total Buffet Dinner Tickets: _____ x \$70 = \$ _____ Subtotal\$ _____
Mon., June 9, 2008:	<input type="checkbox"/> Deluxe Continental Breakfast	
Tue, June 10, 2008:	<input type="checkbox"/> Deluxe Continental Breakfast	
Wed., June 11, 2008:	<input type="checkbox"/> Deluxe Continental Breakfast	
Wed., June 11, 2008:	<input type="checkbox"/> Evening Buffet	
Thu., June 12, 2008:	<input type="checkbox"/> Deluxe Continental Breakfast	
Fri., June 13, 2008:	<input type="checkbox"/> Deluxe Continental Breakfast	

	Total
Registration Fee for Participant: \$475.00 (\$525.00 After April 1, 2008)	\$ _____
Additional Meal Tickets (Subtotal Above)	\$ _____
GRAND TOTAL DUE:	\$ _____



PART III - PAYMENT METHODS:

PARTICIPANT NAME: _____

By Check or Money Order: A check/money order (payable to **ICNS**) is enclosed. *
Check/money order number: _____ in the Amount of: \$ _____

(US\$475 per person/US\$525 late registration per person)

***Mail check and registration form to: International Conferencing & Networking Solutions (ICNS)**

**P.O. Box 77742,
Corona, CA 92877**

By Fax:: (all pages) **Visa or MasterCard Only** Visa MasterCard

(951) 735-8906

Number: _____

Exp. Month _____ Year: _____

Exact Name on Card: _____

Amount to Be Billed: \$ _____

(US\$475 per person/US\$525 late registration per person)

***Credit card registration may be faxed to: (951) 735-8906**

On-Site Registration: **NOTE:** Registration on site is \$575. If you plan on paying onsite, you still must provide a credit card number below as a guarantee of your attendance. Your credit card will not be charge unless you no-show.

Visa or MasterCard Only Visa MasterCard

Number: _____

Exp. Month _____ Year: _____

Exact Name on Card: _____

Amount to Be Billed: \$ _____

Cancellation/Refund Policy: After April 1, 2008, **absolutely no registration refunds are granted.** Requests made in writing and postmarked by April 1, receive a 75% refund. Telephone cancellations cannot be accepted. ICNS mails refunds one month after the meeting and is not financially responsible for attendees' travel expense in the unlikely event the meeting is canceled.