**ATTENDEE REGISTRATION FORM: CAINE-2015
October 12-14, 2015, Hilton San Diego Harbor Island Hotel, San Diego, California,, USA**

Please complete this form **(TYPE or PRINT)** and return **by August 25, 2015 for early registration rate.**

**FIRST Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LAST Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip/Postal Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone (with country code/area code):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE***:* **NON-MEMBERS who would like to become a NEW ISCA member at this time, or if you would like to renew your ISCA Membership for 2015 at this time, please check both the ISCA MEMBER RATE \* and the 2015 ISCA MEMBERSHIP\*\* boxes below.
(Membership is from January 1 through December 31, 2015)**

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| --- |
| **EARLY REGISTRATION FEE (RECEIVED BY AUGUST 25, 2015)**  |
| ISCA MEMBER\*  | $450.00  | \_\_\_\_\_\_\_\_\_ |
| NON-MEMBER  | $550.00  | \_\_\_\_\_\_\_\_\_ |
| 2015 ISCA MEMBERSHIP\*\* | $100.00 | \_\_\_\_\_\_\_\_\_  |
| STUDENT | $ 200.00  | \_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |
| **REGISTRATION FEE (RECEIVED AFTER AUGUST 25, 2015)** |
| ISCA MEMBER  | $550.00  | \_\_\_\_\_\_\_\_\_ |
| NON-MEMBER  | $650.00  | \_\_\_\_\_\_\_\_\_ |
| 2015 ISCA MEMBERSHIP | $100.00 | \_\_\_\_\_\_\_\_\_  |
| STUDENT | $ 200.00  | \_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **ADDITIONAL FEES:**  |  |  |
| Additional Luncheon Ticket:  | $ 50.00 / each | \_\_\_\_\_\_\_\_\_  |
| **Additional Proceedings :**  |  |  |
| ISCA member  | $ 50.00 / each | \_\_\_\_\_\_\_\_\_  |
| Non-member  | $ 70.00 / each | \_\_\_\_\_\_\_\_\_  |
| **Proceedings (BOOK format) can be ordered online at** [**www.proceedings.com**](http://www.proceedings.com) **approx. two weeks after the conference.** |  |  |
|  | **TOTAL:** | **\_\_\_\_\_\_\_\_\_** |

**METHOD OF PAYMENT:**  \_\_\_\_\_\_Visa \_\_\_\_\_\_MasterCard \_\_\_\_\_\_\_Check

Payment should be made by Credit Card (Visa or Master card) in U.S. Dollars. Fees may be paid by a check (in U.S. dollars drawn on a U.S. Bank made payable to ISCA).

**Credit Card #** \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**Expiration Date** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **Security Number on Back of Credit Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print Name as it appears on Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Street Address No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP CODE of Billing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature REQUIRED)**

**PLEASE INDICATE YOUR MEAL CHOICE BELOW

I plan to attend the complimentary Conference LUNCHEON on OCTOBER 13, 2015**

 ****Yes **** No (Please select dietary requirement below)

**Special dietary requirements:**  Vegetarian\_\_\_\_\_\_\_\_\_ Non-vegetarian\_\_\_\_\_\_\_\_\_\_

**You must specify your meal preference to guarantee availability**

**Please send this completed form along with your Registration Fee information using e-mail attachment to: isca@ipass.net**

For any questions, please contact ISCA: Telephone: (507) 458-4517; E-mail: isca@ipass.net