

INTERNATIONAL MARINE FORENSICS SYMPOSIUM 2012



ATTENDEE REGISTRATION FORM

GAYLORD CONVENTION CENTER ♦ NATIONAL HARBOR, MARYLAND ♦ April 3-5, 2012

ALL FOOD FUNCTIONS INCLUDE PROFESSIONAL CONTENT

Name: _____

Title: _____

Company (if applicable): _____

Address: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Main Company Phone: _____

Email: _____ Company Email: _____

Fax: _____ Select one: SNAME/MTS/ASNE- Member Number: _____

PLEASE FILL OUT ONE REGISTRATION FORM PER PERSON

***FULL REGISTRATION FEES INCLUDES MEALS/SOCIAL FUNCTIONS, WHICH CONTAIN PROFESSIONAL CONTENT**

****ONE DAY REGISTRATION FEES DO NOT INCLUDE MEALS/SOCIAL FUNCTIONS (please select day below in column)**

REGISTRATION FEES		MTS/SNAME/ASNE MEMBERS	NON MEMBERS
Full Registration* April 3-5			
Full		\$535	\$635
Student – College/University		\$200	\$300
Student – Grades 8-12		\$15	\$25
Author		\$300	\$300
Retiree		\$460	\$460
One Day Registration**	Select Day		
Tuesday, April 3 (Professionals)		\$225	\$325
Wednesday, April 4 (Professionals)		\$225	\$325
Thursday, April 5 (Professionals)		\$225	\$325
Tuesday, April 3 – Student (college/university)		\$90	\$105
Wednesday, April 4 – Student (college/university)		\$90	\$105
Thursday, April 5 – Student (college/university)		\$90	\$105
TOTAL REGISTRATION PAID		\$	\$

PAYMENT INFORMATION – PLEASE INCLUDE BELOW – REGISTRATION FEES ARE NON-REFUNDABLE

PAYMENT METHOD

Check# _____

Mail to:
SNAME, Attn: Alana Anderson
601 Pavonia Avenue, Ste. 400
Jersey City, NJ 07306

Fax credit card payment: (201) 798-4975 - Attention: Alana Anderson/ Joe Caggiano

Credit Card: Visa MasterCard AmericanExpress

Card Number: _____ Exp. Date: _____ Security Code: _____

Card holder name (please print): _____

Authorized Signature: _____

QUESTIONS? Contact Alana Anderson– alana@sname.org or (201) 499-5066