

ISMICS 2019 Event Registration Form

PLEASE RETURN THIS FORM NO LATER THAN MAY 10TH. AFTER MAY 10TH THIS FORM WILL BE AVAILABLE ONSITE IN NEW YORK CITY.

ATTENDEE INFORMATION *(please print)*

Name	Company	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	
Company Name		
Email Address <i>(required for confirmation)</i>		

Additional exhibitors:

Name:	Email Address:
Name:	Email Address:
Name:	Email Address:
Name:	Email Address:

EVENT: Masters Day Course (Please make selections) | \$295 registration fee per attendee

Wednesday May 29th 8:00 am – 7:55 pm

TOTAL CHARGES = \$ _____ *All Fees Quoted & Payable in USD


EVENT: Attendee Reception May 31st | Tickets \$50 per person

TOTAL CHARGES = \$ _____ *All Fees Quoted & Payable in USD

PAYMENT INFORMATION:

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number

Expiration Date Security Code (3-4 numbers on front or back of card)

Name as it appears on credit card

Cardholder's Signature

Please check if credit card billing address is same as contact information at the top of the form.

Billing address if different than above: _____

Return by mail or Email: industry@ismics.org

ISMICS | 500 Cummings Center, Suite 4400 | Beverly, MA 01915 USA

DO NOT EMAIL full credit card information. Form must be faxed if credit card number is showing via **978.524.0461**. If you prefer to email please leave out the credit card number and in that space write your phone number and we will call you.