



ISO TC 184 / SC 4 Meeting Embassy Suites, Miami, Florida - USA, 11-16 November 2012

REGISTRATION FORM

To be returned to: ECCMA, 2980 Linden St, Suite E2, Bethlehem, PA 18017 USA
Fax: +1 610 625 4657 ▪ email: conference@eccma.org ▪ Phone: +1 610 861 5990

Mr. Mrs. Miss Dr. FAMILY NAME (Last name):

FIRST NAME: COMPANY:

ADDRESS:

CITY: STATE: POSTAL CODE:

COUNTRY: PHONE: EMAIL:

FACILITIES FEE		On or Before Sept. 1, 2012	After Sept. 1, 2012
Includes: Sunday reception, Monday through Friday- breakfast, morning break, lunch and afternoon break. <i>(Please Note: breakfast is included as long as you have a guest room at the Embassy Suites)</i>			
<input type="checkbox"/> Main Meeting Registration (Monday – Friday)		\$600	\$700
<input type="checkbox"/> Attendance on a daily basis <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		\$140	\$165
<input type="checkbox"/> Social Dinner (Wed, Nov. 14th, 6 - 8pm) 3 course meal, cocktails, entertainment			\$60
*Please note any dietary issues: <input type="text"/>	TOTAL:		\$ <input type="text"/>
NEED TO JOIN OR RENEW U.S. TAG MEMBERSHIP TO TC 184/SC 4? In order to receive copies of committee working documents you need to be a member of your National Technical Advisory Group (TAG) who will register you on ISO Livelink (isotc.iso.org). If you are a USA resident or your company is registered in the USA you can join the U.S. TAG. The membership fee is \$1,000 per year. <input type="checkbox"/> Join U.S. TAG to TC 184/SC 4* <input type="checkbox"/> Renew U.S. TAG to TC 184/SC 4 <i>*If you join mid-year your membership fee will be prorated. This is setup specifically for new members or members who have not participated or voted for at least 6 months (see eccma.org/ustag.php).</i>			\$1,000*
		GRAND TOTAL:	\$ <input type="text"/>

PAYMENT

Check or Money Order
Payable to ECCMA, checks must be in U.S. dollars drawn on a U.S. bank

Wire Transfer
A \$25.00 wire fee will be included in the TOTAL AMOUNT. ECCMA will provide bank information.

Credit Card: VISA MasterCard American Express

Card number: Expiry date:

Cardholder's name: Signature:

Billing Address (if different from above):