Invoice #: I-Conf11-







ISO TC 184 / SC 4 Meetings Portland, Oregon - USA, 22-27 May 2010

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

Miss Mrs. Mr. FAMILY NAME (Last name):		
FIRST NAME:		
COMPANY:		
ADDRESS:		
POSTAL CODE:		
CITY: STATE:	COUNTRY:	
PHONE: FAX:		
EMAIL:		
FACILITIES FEE		
Includes: Sunday reception, Monday through Friday- breakfast, morning break, lunch and afternoon break	On or Before April 1, 2011	After April 1, 2011
Main Meeting Registration (Monday – Friday, May 23-27)	\$700	\$800
Attendance on a daily basis (please tick boxes) Mon Tues Wed Thurs Fri	\$200	\$225
*Please note any dietary issues:	TOTAL 1:	\$
SOCIAL EVENT (Wednesday Evening, June 9)		
Dinner- includes 3 course meal, wine and entertain	ment	\$60
	TOTAL 2:	\$
	TOTAL 1 + 2:	\$
PAYMENT By check or money order made payable to ECCMA, (checks must be in U.S. dollars drawn on a U.S. bank) *For all wire trashfers a \$25.00 fee should be included in the TOTAL AMOUNT and will be included on invoice. ECCMA will provide bank information. By credit card: Mastercard Visa American Express		
Card number:		
Expiry date:/Cardholder's name:		
Signature:		
For Office Use: Confirmation Email Entered / Pd Date / Sent Pd Date / Sent Pk Date / Accountant Received		