# ISO TC 184 / SC 4 Meetings <br> 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 6106254657 • email: conference@eccma.org • Phone: + 16108615990

| $\square$ Miss $\quad \square$ Mrs. $\quad \square$ Mr. | FAMILY NAME (Last name): |
| :--- | :--- |
| FIRST NAME: |  |
| COMPANY: |  |
| ADDRESS: |  |
| POSTAL CODE: | STATE: |
| CITY: | FAX: |
| PHONE: |  |

EMAIL:

| FACILITIES FEE |  |  |
| :--- | :---: | :---: |
| Includes: Sunday reception, Monday through Friday- <br> breakfast, morning break, Iunch and afternoon break | On or Before <br> April 1, 2011 | After <br> April 1, 2011 |
| $\square$ Main Meeting Registration <br> (Monday - Friday, May 23-27) | $\$ 700$ | $\$ 800$ |
| $\square$ Attendance on a daily basis (please tick boxes) <br> Mon $\square$ Tues $\square$ Wed $\square$ <br> Thurs $\square$ Fri $\square$ | $\$ 200$ | $\$ 225$ |
| *Please note any dietary issues: | TOTAL 1: | $\$$ |

## SOCIAL EVENT (Wednesday Evening, June 9)

$\square$ Dinner- includes 3 course meal, wine and entertainment $\quad \$ 60$


## PAYMENT

$\square$ 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 trasnfers 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: $\square$ Mastercard $\square$ Visa $\square$ American Express
Card number:
Security code.
Expiry date: $\qquad$ Cardholder's name: $\qquad$
Signature: $\qquad$

For Office Use:


