

Registration Form

MPLS 2005 International Conference October 16-19, 2005, Washington, DC

ONE REGISTRATION FORM PER INDIVIDUAL. Copy this form for additional registrations.

| Ple | Please type or print clearly. | | | | |
|---|---|--|-----------------------------|----------------|--|
| | | Registrant I | nformation | | |
| □Mr. □ Dr. □Ms. □Mrs. □Miss First Name:Last Name: | | | | | |
| | | | | | |
| Company:Email: | | | | | |
| Mailing Address: | | | | | |
| | | | | | |
| Telephone:Fax: | | | | | |
| Conference Pricing | | | | | |
| ☐ Conference (includes 4 days of Tutorials, Technical tracks, and exhibits) | | | | | |
| Before August | | Before August 12, 2005 | \$995.00 USD per individual | | |
| | | August 13-September 17, 2005 After September 17, 2005 | | | |
| | | After September 17, 2005 | \$1,095.00 USD p | oer individual | |
| Payment Information | | | | | |
| > | Credit Card | | | | |
| | I authorize a charge in the amount of \$ (USD) be made to the Credit Card indicated below | | | | |
| ☐ Visa ☐ MasterCard ☐ American Express | | press | | | |
| | Name as it appears on Credit Card: | | | | |
| | Credit Card Number:Expiration Date: | | | | |
| | Authorized signature as it appears on Credit Card: | | | | |
| > | Check | | | | |
| | Checks must be made payable to MPLS2005 and mailed to the postal address indicated below. | | | | |
| Please FAX completed forms to: | | | | | |
| 703.860.1778 | | | | | |
| OR Mail to: | | | | | |
| MPLS 2005 | | | | | |
| | c/o Isocore Corporation | | | | |
| | 12359 Sunrise Valley Drive, Suite 100 | | | | |
| | Reston, VA 20191 | | | | |
| Cancellation Policy: Cancellation must be received in writing prior to September 1, 2005. There will be a \$200.00 processing fee deducted per individual from payment made. No Refunds will be made offer September 1, 2005. | | | | | |

individual from payment made. No Refunds will be made after September 1, 2005