



Registration Form
MPLS 201& International Conference
October &, - ' %, 2011, Washington, DC

ONE REGISTRATION FORM PER INDIVIDUAL. Copy this form for additional registrations.
Please type or print clearly.

Registrant Information

Mr. Dr. Ms. Mrs. Miss
First Name: _____ Last Name: _____
Company: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ ZIP Code _____ Country: _____
Telephone: _____ Fax: _____
Email: _____ Organization: _____

Conference Pricing

Conference (includes 4 days of Tutorials, Technical tracks, and exhibits)

Conference Days Oct 4: -53, 2011

\$1695.00 USD per 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

Name as it appears on Credit Card: _____

Credit Card Number: _____ *CV Code: _____

Expiration Date: _____

Authorized signature as it appears on Credit Card: _____

*CVV2/CVC2 refers to the three-digit number printed in the signature space on the back of most credit cards, such as **Visa** and **Mastercard**.

For **American Express** cards, it is a four-digit number on the front. It is printed (flat) and not embossed like the card number.

➤ **Check**

Checks must be made payable to **MPLS2012** and mailed to the postal address indicated below.

Please FAX completed forms to:
703.860.1778

OR Mail to:
MPLS 2011
C/O Isocore Corporation
12359 Sunrise Valley Drive, Suite 100
Reston, VA 20191

Cancellation Policy: Cancellation must be received in writing prior to September 6, 2012. There will be a \$200.00 processing fee deducted per individual from payment made. No refunds will be made after September 6, 2012, however substitution from the same company with prior notice is permitted.