



Registration Form
MPLS 2003 International Conference
Oct. 26-28, 2003, Washington, D.C.

*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: _____

Program Selection

☐ **Conference (includes Tutorials and exhibits)**

Before September 30, 2003	\$895.00 USD per individual
After September 30, 2003	\$1,195.00 USD per individual

☐ I do not wish any of my information to be disseminated to other registrants or to sponsoring companies.

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: _____ Expiration Date: _____

Authorized signature as it appears on Credit Card: _____

Check

Checks must be made payable to **MPLS2003** and mailed to the postal address indicated below.

Please FAX completed forms to:
703.556.4864

OR Mail to:
MPLS 2003
c/o Isocore Corporation
8201 Greensboro Drive, Suite 100
McLean, VA 22102-3805

Cancellation Policy: Cancellation must be received in writing prior to September 1, 2003. There will be a \$100.00 processing fee deducted per individual from payment made. No Refunds will be made after September 1, 2003