**ATTENDEE REGISTRATION FORM: SEDE-2018  
October 8-10, 2018, Holiday Inn Downtown Superdome, New Orleans, Louisiana, USA**

Please complete this form **(TYPE or PRINT)** and return **by August 25, 2018 for early registration rate.**   
  
**FIRST Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LAST Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip/Postal Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Telephone (with country code/area code):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE***:* **NON-MEMBERS who would like to become a NEW ISCA member at this time, or if you would like to renew your ISCA Membership for 2018 at this time, please check both the ISCA MEMBER RATE \* and the 2018 ISCA MEMBERSHIP\*\* boxes below.  
(Membership is from January 1 through December 31, 2018)**

|  |  |  |
| --- | --- | --- |
| **EARLY REGISTRATION FEE (RECEIVED BY AUGUST 25, 2018)** | | |
| ISCA MEMBER\* | $450.00 | \_\_\_\_\_\_\_\_\_ |
| NON-MEMBER | $550.00 | \_\_\_\_\_\_\_\_\_ |
| 2018 ISCA MEMBERSHIP\*\* | $100.00 | \_\_\_\_\_\_\_\_\_ |
| STUDENT | $ 200.00 | \_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  | | |
| **REGISTRATION FEE (RECEIVED AFTER AUGUST 25, 2018)** | | |
| ISCA MEMBER | $550.00 | \_\_\_\_\_\_\_\_\_ |
| NON-MEMBER | $650.00 | \_\_\_\_\_\_\_\_\_ |
| 2018 ISCA MEMBERSHIP | $100.00 | \_\_\_\_\_\_\_\_\_ |
| STUDENT | $ 200.00 | \_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **ADDITIONAL FEES:** |  |  |
| Additional Luncheon Ticket: | $ 50.00 / each | \_\_\_\_\_\_\_\_\_ |
| **Additional Proceedings :** |  |  |
| ISCA member | $ 50.00 / each | \_\_\_\_\_\_\_\_\_ |
| Non-member | $ 70.00 / each | \_\_\_\_\_\_\_\_\_ |
| **Proceedings (BOOK format) can be ordered online at** [**www.proceedings.com**](http://www.proceedings.com) **approx. two weeks after the conference.** |  |  |
|  | **TOTAL:** | **\_\_\_\_\_\_\_\_\_** |

**METHOD OF PAYMENT:**  \_\_\_\_\_\_Visa \_\_\_\_\_\_MasterCard \_\_\_\_\_\_\_Check  
  
Payment should be made by Credit Card (Visa or Master card) in U.S. Dollars. Fees may be paid by a check (in U.S. dollars drawn on a U.S. Bank made payable to ISCA).

**Credit Card #** \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**Expiration Date** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **Security Number on Back of Credit Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name as it appears on Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Street Address No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP CODE of Billing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature REQUIRED)**

**PLEASE INDICATE YOUR MEAL CHOICE BELOW  
   
I plan to attend the complimentary Conference LUNCHEON on OCTOBER 9, 2018**

****Yes **** No (Please select dietary requirement below)

**Special dietary requirements:**  Vegetarian\_\_\_\_\_\_\_\_\_ Non-vegetarian\_\_\_\_\_\_\_\_\_\_

**You must specify your meal preference to guarantee availability**

**Please send this completed form along with your Registration Fee information using e-mail attachment to: isca@isca-hq.org**

For any questions, please contact ISCA: Telephone: (507) 458-4517; e-mail: isca@isca-hq.org