



Registrant Name: _____

Journal: _____

Company/Association: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone: _____ E-mail: _____

Special Dietary Requirements/Accessibility Needs: _____

Are you a first-time attendee? Yes No

Check here if you prefer that ISMTE not use photos of you from the conference.

Registration Information (required)

*All checks must be in USD and drawn on a U.S. bank payable to ISMTE.
If you select credit card payment, your credit card will be processed by the ISMTE office.
You will receive an e-mail confirming your registration after payment is processed.*

Registration

	Through 6 October	After 6 October
<input type="checkbox"/> Member	\$425	\$475
<input type="checkbox"/> Non-Member	\$600	\$650
<input type="checkbox"/> Conference Registration + 2018 Membership (Membership through 12/31/2018)	\$575	
<input type="checkbox"/> Student Member (You must be a Student member to receive this special rate. Please contact Lisa@ismte.org for more information.)	\$250	\$300
<input type="checkbox"/> Developing Country (You must be a Developing Country member to receive this special rate. Please contact Lisa@ismte.org for more information.)	\$250	\$300

Payment: Check (payable to ISMTE) Visa MC AMEX

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Security Code: _____

Billing Address (if different from above): _____

PLEASE SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:

ISMTE • 275 N. York Street • Suite 401 • Elmhurst, IL 60126 • USA
Phone: +1-630-433-4513 • Fax: +1-630-563-9181 • www.ISMTE.org • info@ISMTE.org