



## DC-2017 CONFERENCE EARLY REGISTRATION FORM

Mr.  Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Your Organization \_\_\_\_\_

Mailing Address (for receipt) \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Member  DCMI  ASIS&T Member ID \_\_\_\_\_

Special Diet Needs?  Yes  No Please Explain \_\_\_\_\_

Address change (Members)  Yes.  No

Please Circle the appropriate amounts

	MEMBERS		NON-MEMBERS	
	Professional	Student	Professional	Student
<b>Full Conference</b>	\$565	\$300	\$640	\$335
<b>Day Rate (Per Day)</b>	\$225	\$125	\$275	\$150

Select Day(s):  Thursday  Friday  Saturday

*Non-member Full Conference registrants will receive a 1 year complimentary DCMI membership (\$75 value).*

**Total Fee \$ \_\_\_\_\_ (U.S. Dollars)**

### PAYMENT INFORMATION

Check (to ASIS&T-DCMI) # \_\_\_\_\_  American Express  MasterCard  Visa

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

**Submit by Mail:**

ASIS&T

8555 16<sup>th</sup> Street, Suite 850

Silver Spring, Maryland, 20910 USA

**Submit by Email:**

meetings@asist.org

Tel: +1 301 496-0900