



DC-2017 CONFERENCE REGULAR 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 only) Yes. No

Please Circle the appropriate amounts

	MEMBERS		NON-MEMBERS	
	Professional	Student	Professional	Student
Full Conference	\$650	\$325	\$700	\$360
Day Rate (Per Day)	\$250	\$150	\$300	\$175

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 16th Street, Suite 850
Silver Spring, Maryland, 20910 USA

Submit by Email:
meetings@asist.org

Tel: +1 301 496-0900