



**CONRAD HILTON MIAMI
REGISTRATION FORM
MARCH 9-11, 2012 • MIAMI, FLORIDA**

ISVS INTERNATIONAL CONGRESS 2012 (PLEASE TYPE)

First Name:		Last Name:		Degree:	
Affiliated Institution		Address:		State:	Zip/Postal Code:
					Country:
Phone ()		Fax ()		Email:	

PART I: REGISTRATION FEES

FEES:	ON OR BEFORE 02/01/2012	AFTER 02/01/2012
ISVS MEMBERS	\$250.00	\$300.00
NON-MEMBERS.....	\$375.00	\$425.00
OTHER ALLIED HEALTHCARE PROFESSIONALS	\$275.00	\$325.00

PART II: PAYMENT INFORMATION

CREDIT CARD: AMEX VISA MASTERCARD DISCOVER

CARD HOLDER NAME: _____

CARD NUMBER: _____

SVC CODE: _____ EXPIRY DATE: _____

SIGNATURE _____ DATE: _____

(I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)

CHECK ENCLOSED (PAYABLE TO **FORE**)

REGISTRATION OPTIONS

EMAIL: ISVS@ISVSCONGRESS.COM OR 813-910-3652

FAX: CREDIT CARD REGISTRATIONS MAY ALSO BE SENT BY FAX TO 813-558-6104

MAIL: PLEASE MAIL REGISTRATION FORMS WITH CREDIT CARD INFORMATION OR CHECK MADE PAYABLE TO

FORE 13020 TELECOM PARKWAY N, TAMPA, FL 33637 - **ATTENTION:** BRIDGET OSTROWSKI

QUESTIONS: QUESTIONS ABOUT REGISTRATION

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