USCID 2019 Reno Conference Registration Form

To register, complete and return this Form to USCID, or register online at www.uscid.org/19nvconf.html.

Given Name _________________________________  Family Name ____________________________________________

Organization __________________________________________________________________________________

Address ________________________________________________________________________________________

City _____________________________  State/Province ________  Zip/Postal Code _________ Country ______________

Telephone _____________________  Fax _____________________  E-mail __________________________________________

First Name or Nickname (for name tag) _______________________________________________________________________

Guest Name ______________________________________________________________________________________

Special Dietary Requirements — I do not eat _______________________________________________________________________

Arrival Date __________________________  Departure Date ________________________________________________

With a 0, 1 or 2, please indicate whether you and/or your guest will attend the field tours:

Tuesday Tour _____  Friday Tour _____

USCID Conference Registration Fees

<table>
<thead>
<tr>
<th>USCID Member Early  — $725</th>
<th>USCID MEMBER Late  — $825</th>
<th>Non-Member Early  — $825</th>
<th>Non-Member Late  — $925</th>
<th>Author/Co-Author  — $675</th>
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$ _____  Young Professional  — $450  $ _____  Student  — $300  $ _____  Guest Registration  — $150  $ _____  Total Registration Fees  $ _____

To receive the Early Registration Fee, your online registration or this Registration Form must be received in Denver by October 15. The Late Registration Fee applies to registrations received after October 15 and on-site registrations.

Payment should accompany this form. Pay by purchase order, check, VISA, MasterCard or Discover.

☐ Check Enclosed  ☐ Purchase Order # ____________________________

☐ VISA/MasterCard/Discover # ____________________________

Expiration Date ______________________ Signature ____________________________

Name on Credit Card ____________________________

USCID  Telephone: 303-988-0925
2490 West 26th Avenue, #100A  E-mail: stephens@uscid.org
Denver, CO 80211 U.S.A.  Internet: www.uscid.org