**ATTENDEE REGISTRATION FORM: SEDE-2020  
October 19-21, 2020, Minnesota, USA**

Please complete this form **(TYPE or PRINT)** and return **by August 20, 2020 for early registration rate.**

**FIRST Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LAST Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip/Postal Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Telephone (with country code/area code):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE***:* **NON-MEMBERS who would like to become a NEW ISCA member at this time, or if you would like to renew your ISCA Membership for 2020 at this time, please check both the ISCA MEMBER RATE \* and the 2020 ISCA MEMBERSHIP\*\* boxes below.  
(Membership is from January 1 through December 31, 2020)**

|  |  |  |
| --- | --- | --- |
| **EARLY REGISTRATION FEE (RECEIVED BY AUGUST 20, 2020)** | | |
| ISCA MEMBER\* | $350.00 |  |
| NON-MEMBER | $450.00 |  |
| 2020 ISCA MEMBERSHIP\*\* | $100.00 |  |
| STUDENT | $ 200.00 |  |
|  |  |  |
|  | | |
| **REGISTRATION FEE (RECEIVED AFTER AUGUST 20, 2020)** | | |
| ISCA MEMBER | $350.00 |  |
| NON-MEMBER | $450.00 |  |
| 2020 ISCA MEMBERSHIP | $100.00 |  |
| STUDENT | $ 200.00 |  |
|  |  |  |
| **Proceedings (BOOK format) can be ordered online at** [**www.proceedings.com**](http://www.proceedings.com) **approx. two weeks after the conference.** |  |  |
|  | **TOTAL:** |  |

**METHOD OF PAYMENT:**  \_\_\_\_\_\_Visa \_\_\_\_\_\_MasterCard

**Credit Card #** \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**Expiration Date** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **Security Number on Back of Credit Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name as it appears on Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Street Address No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP CODE of Billing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature REQUIRED)**

**Please send this completed form along with your Registration Fee information using e-mail attachment to: isca@isca-hq.org**

For any questions, please contact ISCA via e-mail: isca@isca-hq.org