

CONGRESS REGISTRATION FORM
22nd I C I A S F

June 10, 2007 – June 14, 2007

ATTENDEE INFORMATION
PLEASE PRINT

Last Name:

First Name:

Affiliation:

Address:

City/State/Zip:

Country:

Business Phone:

Fax:

Email: (please print clearly in order to receive email confirmation)

CREDIT CARD PAYMENT INFORMATION

Fax completed form to 831-646-5371
or mail to ICIASF Registration P.O. Box 541
Pacific Grove CA 93950

___ Visa ___ Master Card ___ Amex
[][][][] [][][][] [][][][][] [][][][][]

Expiration Date [][] [][]

Card Holder Signature

Your credit card will be billed upon receipt and confirmation sent.

REGISTRATION INFORMATION

Before May, 10 2007

\$ 625.00

After May, 10 2007

\$ 675.00

GENERAL INFORMATION

- **Cancellations made within 14 days will forfeit all fees.**
- **Cancellations are subject to a \$25 per person processing fee.**
- Rates are for full time conference participation including Congress CD, tea and coffee breaks and social events.
- Purchase orders and telephone reservations will not be accepted.
- All meeting rooms are non-smoking.
- For additional information, maps, and directions see VisitAsilomar.com