

2016 Conference on Applied Statistics in Defense

October 24-28, 2016 • Bureau of Labor Statistics, Washington, DC

INSTRUCTIONS

1. Print/type all information & retain a copy for your records.
2. Use a separate form for each registrant.
3. Purchase orders will not be accepted. ASA Federal ID# 53-0204661.

4. Mail form(s) with payment to SDNS2016 Registration, c/o ASA, 732 N. Washington St., Alexandria, VA 22314, USA. **OR** Fax form (credit card only) to (703) 684-2037.

| ATTENDEE INFORMATION | REGISTRATION FEES | | | | |
|--|--|-------------------------------|---------------------------------|-------------------------------|--|
| ASA ID # (if known) | <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 35%; text-align: center;">Through September 16</td> <td style="width: 35%; text-align: center;">As of September 17</td> <td style="width: 20%;"></td> </tr> </table> | | Through September 16 | As of September 17 | |
| | Through September 16 | As of September 17 | | | |
| Name | Conference Fee | | | | |
| Preferred Name for Badge (if other than First Name) | <input type="checkbox"/> Regular <i>(includes Banquet)</i> \$250 \$300 \$_____ | | | | |
| Organization | <input type="checkbox"/> Retiree \$175 \$175 \$_____ | | | | |
| Address | <input type="checkbox"/> Student \$100 \$100 \$_____ | | | | |
| City State/Province ZIP/Postal Code | <input type="checkbox"/> Banquet Only <i>(not attending conference – please select banquet tickets below)</i> \$0 \$0 \$_____ | | | | |
| Country (non-U.S.) | Banquet (additional fee) | | | | |
| Phone | The conference banquet on Wednesday, October 26, is included Regular registrants only. All others may purchase banquet tickets. Additional tickets may also be purchased for guests. | | | | |
| Email | _____ Number of Tickets X \$50 \$_____ | | | | |
| <input type="checkbox"/> Check here if you would like your ASA customer contact information updated with your meeting contact information. | TOTAL FEES: \$_____ | | | | |
| In case of emergency, list the name and phone number of the person we should contact (remains confidential). _____ | PAYMENT | | | | |
| <input type="checkbox"/> This meeting is ADA accessible. Please check here if you need services due to a disability and attach a statement regarding your needs. | <input type="checkbox"/> Check/money order payable to the American Statistical Association <i>(in U.S. dollars on U.S. bank)</i> | | | | |
| CANCELLATION POLICY | Credit Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | | | | |
| All cancellations must be submitted in writing. Fax: (703) 684-2037; Email: ASAInfo@amstat.org ; Mail: SDNS2016 Conference Registration, 732 North Washington Street, Alexandria, VA 22314. Banquet tickets are not refundable after October 21. If registration includes the banquet, a \$50 fee is charged for cancellations after October 21. | Card Number _____ | | | | |
| | Expiration Date _____ Security Code _____ | | | | |
| | Name of Cardholder _____ | | | | |
| | Authorizing Signature _____ | | | | |

Forms Received Without Payment Will Not Be Processed