Registration Form

The joint meeting of
15th Annual Conference of The International Environmetrics Society and
6th International Symposium on Spatial Accuracy Assessment in Natural Resources and Environmental Sciences

Please print and complete the second page of this registration form and send it via either mail or fax to the attention of Tammerah Garren (Tgarren@ncasi.org) with payment information as follows:

Attn: Tammerah Garren
Fax: +919-941-6401
Regular Mail:
NCASI
P.O. Box 13318
Research Triangle Park, NC 27709-3318 USA

Parcel Delivery:
NCASI
4815 Emperor Blvd., Suite 110
Research Triangle Park, NC 27709-3318 USA.

Please carefully read the following:

1. Payment other than by credit card must be in US dollars.

2. Registration fees for presenters are due 01 April 2004 and are not refundable after that date. This is the date the editing and preparation of manuscripts for the proceedings begins.

3. Registration fees for those not presenting may be submitted at any time, but are not refundable after 11 June 2004.

4. Student registrations must be accompanied by a letter from the student’s department on official letterhead attesting to the student’s status and must be signed by a department faculty member.

5. The registration fee includes breakfast, morning and afternoon breaks, lunch at midday, a CD copy of the proceedings, the conference program, and a pamphlet of abstracts.

6. Registrations must be postmarked on or before the respective date to receive early registration discounts.

7. The cruise and lobster bake will be held regardless of weather conditions. A shelter will be available in the event of inclement weather. The social event fee is not refundable after 11 June 2004. Guests of meeting participants are welcome.

8. All requests for refunds will be charged a $50.00 processing fee.
REGISTRATION FORM
2004 TIES/Spatial Accuracy

Name: ______________________________________

Title: ______________________________________

Organization/Affiliation: __________________________________

Complete mailing address:

________________________________________________________________
________________________________________________________________
________________________________________________________________

e-mail address: ______________________________________

telephone: ______________________________________

fax: ______________________________________

Registration fee   On or before On or before On or after
01 April 2004 31 May 2004 01 June 2004

TIES members $300.00 $350.00 $400.00 _______________

Never been a TIES member (includes 1-year TIES membership)

$300.00 $350.00 $400.00 _______________

Full fee $350.00 $400.00 $450.00 _______________

Student fee* $250.00 $300.00 $350.00 _______________

Social event: cruise and lobster bake at $50.00 per person. Number: _____ _______________

Total _______________

* See Item 4 on previous page

PAYMENT INFORMATION

I authorize NCASI to charge $___________ to my:

☐ American Express  ☐ Discover  ☐ MasterCard  ☐ Visa

Card # ______________________________  Expiration Date __________________

Signature ______________________________________

Name as it appears on credit card bill (print) ______________________________________

Billing address ________________________________

Billing zip code ____________  Country ____________________

Cardholder’s daytime telephone number _____________________________