



Sheraton National Hotel, Arlington, Virginia – May 19-22, 2005

Speaker Primary Registration Form

(one form per speaker; attendees and exhibitors fill out attendee or exhibitor registration form)

First Name: _____ Last Name: _____

Nickname for Badge: _____
(if different from First Name)

Organization Name for name badge: _____

Address: _____

Address 2: _____
City State Zip Country

Phone: _____ Fax: _____ Email*: _____

*Confirmation and secondary information will be sent via email

Speaker Registration Options:

1. All speakers must complete and submit this registration form, regardless whether they will attend any other sessions.
2. Speakers for Plenary Sessions receive complimentary registration only for that day. If they would like to attend any other days, they must pay for registration (see below) for those additional days or the entire ISDC.
3. Speakers for all other sessions must pay for registration (see below) to attend any sessions other than their own. Attendance at the speaker's own session is complimentary, of course.

NOTE: Paid Registration includes admittance to all educational sessions and Saturday Awards Gala.

Plenary/Session: _____

Day of Plenary/Session: _____

<u>Speaker Registration (paid)</u>	<i>Registrations faxed or postmarked:</i>	<u>Until 5/15/05</u>	<u>After 5/15/05</u>
Speaker (Full Registration)	Adult	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200
	Senior (65 or older)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
	Student (attending sessions)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Speaker (Daily Registration) <i>(Check each day that applies)</i>	<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<u>#</u> \$ 40	<u>#</u> \$ 50

Donation: *Voluntary contribution to help fund NSS's 2005 awards program* \$ _____

Voluntary contribution to help fund NSS's space advocacy programs \$ _____

Payment – Total Fee Due: \$ _____

Check - Check Number _____ (checks made payable to NSS-ISDC 2005)

Credit Card - Visa _____ **Mastercard** _____ **American Express** _____

Name on Card _____

Card # _____ **Expiration Date** _____

Signature: _____

Cancellation Policy:

All cancellations must be received in writing.

Cancellations received in writing by **May 12, 2005** will receive a full refund less a \$25 processing fee.

Cancellations received after **May 12, 2005** are nonrefundable.

Return to:
 NSS-ISDC 2005
 1620 I Street, NW, #615
 Washington, DC 20006
 Or fax to: 202-463-8497

Secondary registration information (including tours and meals) can be found at the ISDC 2005 website <http://isdc.nss.org/2005>