



Name: _____

Name for badge: _____

Title: _____

Company: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Please check this box and note below if you have any dietary restrictions or other special needs. _____

Method of Payment

By Check: Make check payable to **Rensselaer Polytechnic Institute**

By Credit Card: Please charge my - Visa*
 Master Card*

* Charges will appear as "Rensselaer Polytechnic Institute"

Card Number: _____ Exp. Date: _____

Name (exactly as it appears on credit card): _____

(Registration Fee: \$575 per person, if registered by May 31st or \$675 after June 1st)

Authorized Signature:

**Fax to: (518) 276-8227
(Attn: Prof. S.S. Heragu)**

**Or Mail to
Prof. S. Heragu,
DSES Dept, CII 5015, RPI
110, Eighth St, Troy, NY 12180-3590**

**Or Email Payment Information to:
herags@rpi.edu**