



IASH 2017
 15th International Conference on
 Stability, Handling and Use of Liquid Fuels
 Rome, Italy • 10-14 September 2017



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(Please Print or Type)

First & Last Name (Dr./Mr./Ms./Other):	
First Name or Nickname: <i>(As you would like it to appear on your name badge)</i>	Speaker: Yes No
Organization:	
Mailing Address:	
City:	State/Province:
Country:	Zip/Postal Code:
Telephone:	
E-mail:	
Dietary Restrictions & Special Needs:	

Registration Rates:

- | | | | |
|---|---------|--|-------|
| <input type="checkbox"/> Early | \$1,200 | <input type="checkbox"/> Gold /Silver/Member Sponsor | \$0* |
| <input type="checkbox"/> Late (After 31 July) | \$1,500 | <input type="checkbox"/> Exhibitor | \$0* |
| <input type="checkbox"/> Regular Group Rate/2+, per person | \$1,000 | <input type="checkbox"/> Officer/Staff/Other | \$0* |
| <input type="checkbox"/> Late Group Rate (After 31 July) | \$1,200 | <input type="checkbox"/> Daily Rate | \$350 |
| <input type="checkbox"/> Speaker/Poster Presenter | \$1,000 | Day: _____ | |
| <input type="checkbox"/> Student | \$ 800 | | |

***Discount Code for \$0 Registrants**
 (Contact Patricia Lee (plee@iash.net) for Code)

I will attend the IASH Awards Dinner (no fee)

\$100 Spouse/Guest Fee

Name of Spouse/Guest: _____

Payment Information: Send Invoice/Wire Transfer Check (Payable to IASH) Credit Card

Card Type: American Express Mastercard Visa

Card Number: _____ Expiration Date: _____ Security Code: _____

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Total Enclosed: \$ _____

Refunds will be granted if requested in writing by 21 Aug. 2017.