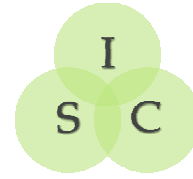


REGISTRATION FORM: DDI-2011 / ETS-2011



**Institute
for
Scientific
Communication**

A. Credit Card Information:
*Required fields to be completed

American Express _____

VISA _____

MC _____

*Cardholder Name:

*Cardholder Billing Address:

*Cardholder Billing City:

*Cardholder Billing State / Zip (Postal) Code:

*Cardholder Phone #: _____

*Cardholder Email: _____

*Card Number: _____

*Expiration Date: _____

*3 or 4 Digit Security Code: _____

*Amount: U.S. \$ _____

DDI / ETS-2011 Registration Fee Schedule

| Event Name | Registration Fee | Registration Fee | Exhibitor Fee |
|---------------------|-------------------|-------------------|---------------|
| | Until May 6, 2011 | After May 6, 2011 | |
| Pre-Conference | \$ 450.00 | \$ 500.00 | \$ 1,000.00 |
| DDI-2011 | \$ 1,200.00 | \$ 1,500.00 | \$ 2,000.00 |
| ETS-2011 | \$ 1,200.00 | \$ 1,500.00 | \$ 2,000.00 |
| PC + One Conference | \$ 1,550.00 | \$ 1,750.00 | \$ 2,700.00 |
| Both DDI & ETS-2011 | \$ 1,750.00 | \$ 2,000.00 | \$ 3,200.00 |
| All Three Events | \$ 2,000.00 | \$ 2,500.00 | \$ 3,500.00 |

B. Registrant Information:

Dr. _____ Mr. _____ Ms. _____

Please type your name as you wish it to appear on your name badge

PLEASE PRINT

Last Name First Name Mid. Initial

Job Title

Company/Agency/Institution

Address 1

Address 2

City State Postal Code

Country

Telephone FAX

Email Address

How did you hear about this meeting?

Colleague _____ Web Site _____

Brochure _____ Calendar Listing _____

E-mail _____ Journal Ad _____

ALL PRICES ARE SHOWN IN US FUNDS