

REGISTRATION FORM

DUPLICATE THIS FORM FOR ADDITIONAL REGISTRANTS. QUESTIONS? CALL (800) 538-2663 OR (435) 797-0423.

PLEASE PRINT OR TYPE

Name* _____
First M.I. Last/Surname

Company Name _____

Mailing Address** _____
Line 1

Line 2

City _____ State/Province _____ Zip _____ Country _____

Phone () _____ Email _____

* Name should be listed as it should appear on badge. ** Conference materials and proceedings will be mailed to the address listed on this form.

CONFERENCE FEES & REGISTRATION OPTIONS

- Early (by July 5, 2010) \$500
 Regular (by August 2, 2010) \$575
 Late/On-site (after August 2, 2010) \$750
 Exhibitor (one per exhibit space) \$425
 One Day (Date _____) \$285
 Student* \$150
- Subtotal Registration \$ _____

ADDITIONAL PROCEEDINGS (one included with full conference registration)


- CD-ROM (only format available) \$25
- Subtotal Proceedings \$ _____

ADDITIONAL TICKETS (spouse/guest)

- Munch & Mingle Lunch—Tuesday \$15
 Munch & Mingle Lunch—Wednesday \$15
 Munch & Mingle Lunch—Thursday \$15
- Subtotal Guest Tickets \$ _____

Registration \$ _____
 Add'l Proceedings \$ _____
 Add'l Tickets \$ _____
 Total Payment \$ _____

Dietary Request Please provide information if you (or your guest) require special dietary considerations. Provide details here or attach a separate sheet. _____

 Reasonable accommodation is available for persons with disabilities. If you have special needs, please provide information below or attach a separate sheet. _____

Participants List Please check here if you do NOT want your name, mailing address, phone number, and email printed on the participant lists distributed to Conference participants and exhibitors.

The Participant List is intended to provide Conference attendees with the contact information of the companies, organizations and individuals who attended this Conference. The Participant List may be used by Conference attendees to share information with other participants about products, services, and professional events that are relevant to the Conference. All other uses of the Participant List are strictly prohibited. Specifically, it is not permitted to use the Participant List in any manner that may be considered derogatory, slanderous, or damaging to the Conference organizers, sponsors, exhibitors, or other participants.

PARTICIPANT DATA

Who is your employer?

- Military Government Student
 Industry University Self
 Other (please specify) _____

How many Small Satellite Conferences have you attended?

- 1ST year 6-15 years
 2-5 years 15+ years

PAYMENT & PROCEDURES

Mail or fax this form with payment to:

Registration Services, Small Satellite Conference
 5005 Old Main Hill, Logan, UT 84322-5005
 Fax (435) 797-0636

 Check payable to Utah State University Credit Card (circle one)

Visa MasterCard Discover Diners AMEX

Cardholder Name _____

Card # _____

Exp. Date _____

Cardholder Phone # _____

Signature _____

PAYMENT MUST ACCOMPANY THIS FORM!

Confirmations will be mailed for registrations received at least seven days prior to the Conference; thereafter, registrants will receive their receipt at on-site registration.

Refund Policy Refunds will be made to those registrants who must cancel, less \$75 processing fee. **A written cancellation request must be received by July 23, 2010. No refunds will be made after this date.** Substitutions will be accepted through the time of on-site registration.

***The student registration rate** applies to individuals who are enrolled as full-time undergraduate or graduate students. Those who are employed full-time and taking courses are not eligible for this rate.