

# Pecora 20 Symposium

Sioux Falls, South Dakota Pecora 20 • November 13-16, 2017

Register on-line or complete this form (type, print clearly, or attach a business card) and return to Pecora 20 Registration, 425 Barlow Place, Suite 210, Bethesda, MD 20814. Phone: 301-493-0290, ext. 109 (all forms of payment accepted by mail) or fax: 301-493-0208 (Visa, MasterCard, Discover, and American Express).

## Personal Information

Please check this box if you would like the above Personal Information updated in your ASPRS membership profile.

Preferred first name on badge: \_\_\_\_\_ Citizenship\*: \_\_\_\_\_

Name\* (please print): \_\_\_\_\_  
First Name M.I. Last Name/Family Name Suffix

Organization Name (if applicable): \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code/Postal Code\*: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_ ASPRS Member (# \_\_\_\_\_ )  Non-Member

Are you Currently certified by ASPRS?  Yes # \_\_\_\_\_  Photogrammetrist  Photogrammetric Technologist  
 Lidar Technologist  Mapping Scientist - Remote Sensing  Mapping Scientist - GIS/LIS  
 Mapping Scientist - Lidar  Remote Sensing Technologist  GIS/LIS Technologist  Geospatial Intern

**please check the appropriate boxes**

Registration Fees				
	Member*		Non-Member	
	Before Oct. 13 <sup>th</sup>	After Oct. 14 <sup>th</sup>	Before Oct. 13 <sup>th</sup>	After Oct. 14 <sup>th</sup>
<input type="checkbox"/> Full*	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550	<input type="checkbox"/> \$590
<input type="checkbox"/> Speaker Full*	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
<input type="checkbox"/> Student Full*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125
<input type="checkbox"/> Daily** — Tuesday, November 14 <sup>th</sup>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
<input type="checkbox"/> Daily** — Wednesday, November 15 <sup>th</sup> /Thursday, November 16 <sup>th</sup>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
<input type="checkbox"/> Exhibit Hall Two Day	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95
<input type="checkbox"/> Spouse/Guest	<input type="checkbox"/> \$100			

\*Full registration will provide access to all sessions, one free workshop (workshops announced at a later date, access to the exhibit hall, and lunches and receptions.

\*\*Daily registration will provide access to the sessions for the day they are attending

\$ \_\_\_\_\_  
Total

## Cancelation & Refund Policy

To qualify for a full Symposium registration refund, a written cancellation must be received by the Meeting Registrar at registrar@asprs.org by close of business on September 9, 2017. For cancellations received by close of business October 13, 2017 a 50 percent refund will apply. No refunds will be made after October 14, 2017. This policy applies to all fees paid for the Symposium. All refunds are subject to a \$25.00 processing fee and will be issued one month after the Symposium concludes. Any requests regarding monetary discrepancies related to the Symposium must be submitted in writing by October 13, 2017.

Cancellations for medical emergencies after October 13, 2017, will be considered on an individual basis and will require a physician's signed letter.

In the unlikely event ASPRS finds it necessary to cancel this entire Symposium, 100 percent of the registration fees paid will be refunded. ASPRS assumes no liability for any penalty fees on transportation tickets, deposits for hotel accommodations or any other fees, charges, penalties, or other incidental costs that a registrant might incur as a consequence of this Symposium being canceled.

Disability Assistance. Please contact ASPRS Headquarters at 301.493.0290 ext. 109 to request assistance. A written statement will be required. Please submit all requests by October 14, 2017, so appropriate arrangements can be made.

Please direct all registration related questions to the Meeting Registrar at registrar@asprs.org.

## Method of Payment (Full payment must accompany this form.)

- Check (make payable to ASPRS Fall Conference, print attendee name on check)  
 Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Billing address of Credit Card Holder

\_\_\_\_\_  
Contact phone and email address for Credit Card Holder if other than registrant.

\_\_\_\_\_  
Credit Card Account Number Expires (Month/Year)

\_\_\_\_\_  
Cardholder Signature Date

Purchase Order # \_\_\_\_\_ (government and university only)

Payments must be made in U.S. dollars drawn on a U.S. bank or appropriate credit card. Make checks payable to ASPRS Fall conference and print attendee name on check.