2009 SEM Fall Symposium REGISTRATION FORM

Advanced Image-Based Measurement Methods: Recent Developments and Applications in Engineering and Medicine

Name & Address (Please print or type)

First Name, M.I. _____ Last/Family Name _____

Spouse (if attending) _____ SEM Member Number - Please Provide _____

Company/University _____

Address (include Mail Stop) _____

City, State _____ Zip/Postal Code _____

Country (other than USA) _____

Phone _____ Fax _____

Email _____

Organized by the
Society for Experimental Mechanics, Inc.
7 School Street • Bethel, CT 06801
203/790-6373 • fax 203/790-4472
sem@sem1.com • sem.org

Registration Policy

All checks must be in U.S. funds, drawn on a U.S. bank. Cancellations received prior to September 21, 2009 will be refunded less a $50.00 handling fee. No refund will be given for cancellations received after Sept. 21. Cancellation notification must be faxed or emailed to Shari Matthews: Fax 203-790-4472; shari@sem1.com.

+ **Students MUST have a letter proving full-time status to qualify for student rate.**

SYMPOSIUM & WORKSHOP REGISTRATION

Please check one:

Individual.....$250 ..... ☐

Student+ .....$125 ..... ☐

Invited Speaker.....N/C ..... ☐

Your registration fee includes the following. Where appropriate, please check the box(es) to indicate your attendance:

A copy of the book ***Image Correlation for Shape, Motion and Deformation Measurements*** **Basic Concepts, Theory and Applications by** Michael A. Sutton, Jean-José Orteu and Hubert Schreier

Meet & Greet welcome on Sunday, October 4

Continental breakfast, coffee breaks and lunch all three days

Wine & cheese gathering with the poster authors on Monday, October 5

Dinner Cruise on Lake Murray on Tuesday, October 6.....please check if attending ☐

Workshop on Wednesday, October 7 .....please check if attending ☐

Please indicate any special meal requirements here:

_____

☐ If, due to a disability, you have special needs or requirements, check here and SEM will contact you.

PAYMENT INFORMATION

☐ Check payable to SEM in US dollars, drawn on US bank

☐ Invoice my company. Company purchase order ***MUST*** accompany this request

☐ Charge my MasterCard, VISA or American Express

Card No.: | | | | | | | | | | | | | | | | |

Expiration Date: _____/_____ (Month / Year)

Print Name on Card: _____

Signature: _____

TOTAL DUE SEM

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