



60<sup>th</sup> ENC, April 7 – 12, 2019

**REGISTRATION FORM**

Advance deadline is March 15

First Name:	Last Name:
Company/Affiliation:	
Mailing Address:	
City, State/Country, Postal Code:	
Email:	

<p><b>Conference Registration</b> Registration fees increase by \$50 after March 15 (advance deadline). To qualify for student rate you must be a full-time student at the time of the conference.</p>	<input type="checkbox"/> Conference Registration, \$510 <input type="checkbox"/> Student, \$97
<p><b>Social Event, (Offsite) Thursday, April 11, \$50</b></p>	<input type="checkbox"/> Social Event, \$50
<p><b>Companion Badge Registration, \$40</b> Provides access to Sunday Welcome Reception, coffee breaks, and hospitality suites.</p>	<input type="checkbox"/> Companion Badge, \$40
<p><b>Companion Ticket for Social Event, (Offsite) Thursday, April 11, \$60</b></p>	<input type="checkbox"/> Social Event Companion, \$60
<input type="checkbox"/> <b>YES, I will reserve a guest room at Asilomar</b> To reserve your room, go to <a href="http://www.enc-conference.org/LocationTravel/AsilomarAccommodations/tabid/131/Default.aspx">www.enc-conference.org/LocationTravel/AsilomarAccommodations/tabid/131/Default.aspx</a>	
<input type="checkbox"/> <b>NO, I will NOT reserve a room at Asilomar.</b> Please pay the offsite fee of \$150 which underwrites cost of your use of the Asilomar facilities. You may also wish to purchase meal tickets below.	<input type="checkbox"/> Offsite Fee, \$150
<p><b>Lunch Tickets for Offsite Attendees, \$100 for 4 lunches</b> Lunch tickets for Mon-Thurs for use at Asilomar's Crocker Dining Hall.</p>	<input type="checkbox"/> Lunch Tickets, \$100
<p><b>Dinner Tickets for Offsite Attendees, \$39 per dinner</b></p>	<input type="checkbox"/> Monday Dinner, \$39 <input type="checkbox"/> Tuesday Dinner, \$39 <input type="checkbox"/> Wednesday Dinner, \$39
<b>TOTAL AMOUNT</b>	<b>\$</b>

**PAYMENT METHOD**

<input type="checkbox"/> <b>Check</b> is enclosed for the total amount. Checks must be from U.S. bank and in U.S. dollars.	
<input type="checkbox"/> <b>Credit Card</b> , please charge the total amount to the credit card listed below (Visa, MC, or Amex).	
Card number:	Expiration (MM/YYYY):
Cardholder Name:	Billing Street Address: Billing Postal Code:

**PLEASE RETURN THIS FORM TO ENC** by email, [enc@enc-conference.org](mailto:enc@enc-conference.org), or fax (505) 989-1073.