Global Supply Chain Management Conference
Learning and Leading in the 21st Century
June 15-17, 2010 • SUNY Plattsburgh

Conference Registration Form

Please complete a registration form for each person attending.
So we may better accommodate you, please register at least 10 business days prior to the event.

First Name_____ Last Name_____
Title/Position _____
Business or Organization_____
Mailing Address _____
City_____ State/Country_____ Zip/Postal Code_____
Phone #_____ Fax_____ Email_____
Vegetarian Meals Requested ❒ YES ❒ NO

CONFERENCE REGISTRATION FEES

Includes food service as stated below. Lodging is separate.

❒ Early Registration (prior to June 15, 2010) . . . . . $ 295. (USD)
❒ Registration (after June 15, 2010) . . . . . $ 345. (USD)
❒ Academic Registration . . . . . $ 195. (USD)
❒ Student Registration . . . . . $ 99. (USD)

WILL YOU BE PRESENT AT THE FOLLOWING CONFERENCE MEALS & ACTIVITIES

Please check appropriate boxes

❒ Tuesday, June 15, **Golf Outing** . . . . . $ 35. (US)
❒ Tuesday, June 15, **Opening Reception** . . . . . Included in conference fee
❒ Wednesday, June 16, **Luncheon**. . . . . Included in conference fee
❒ Wednesday, June 16, **Dinner** . . . . . Included in conference fee
❒ Thursday, June 17, **Luncheon**. . . . . Included in conference fee
❒ **Port of Montreal Tour** . . . . . Included in conference fee

GUEST/SPOUSE MEALS & ACTIVITIES

❒ Tuesday, June15, **Golf Outing** GUEST ticket $35 pp x #_____= $ _____
❒ Tuesday, June 15, **Opening Reception** GUEST ticket $30 pp x #_____= $ _____
❒ Wednesday, June 16, **Luncheon** GUEST ticket $20 pp x #_____= $ _____
❒ Wednesday, June 16, **Dinner** GUEST ticket $50 pp x #_____= $ _____
❒ Thursday, June 17, **Luncheon** GUEST ticket $20 pp x #_____= $ _____
❒ **Port of Montreal Tour** GUEST ticket $20 pp x #_____= $ _____

Name, country of citizenship and birth date (required for Port of Montreal Tour) _____

TOTAL FEES including conference registration fee (U.S. FUNDS ONLY) $_____

METHOD OF PAYMENT:

❒ Check Enclosed ❒ P.O. Enclosed ❒ Visa ❒ Mastercard ❒ Discover
Sorry, We DO NOT accept American Express.
Account #: _____ Expiration Date:_____
Checks: Please make payable to: College Auxiliary Services and mail to:
CAS, SUNY Plattsburgh • 101 Broad St. • Plattsburgh, N.Y. 12901 • Phone: 518-564-3054

This form can be faxed to our secure fax at: 518-564-4092

CONFERENCE CONFIRMATION

Confirmation and receipt of conference registration payment will be mailed, emailed or faxed to registrants.

CANCELLATION POLICY If you must cancel for any reason, please notify us via email at kate.chilton@plattsburgh.edu. Registration refunds must be requested at least 5 business days prior to the conference. No refunds for late cancellations or no shows.

QUESTIONS

Please direct your questions to: Kate Chilton, College Auxiliary Services, SUNY Plattsburgh, 101 Broad St., Plattsburgh, N.Y. 12901 Phone: 518-564-3054 Fax: 518-564-4092 email: kate.chilton@plattsburgh.edu