

Bernie Harris Memorial Symposium

Risk Assessment Science: Big Data in the 21st Century

May 10-11, 2018 • Institute for Advanced Analytics at North Carolina State University, Raleigh, NC

INSTRUCTIONS

1. Print/type all information & retain a copy for your records.
2. Use a separate form for each registrant.
3. Purchase orders will not be accepted. ASA Federal ID# 53-0204661.

4. Mail form(s) with payment to RISK2018 Registration, c/o ASA, 732 N. Washington St., Alexandria, VA 22314, USA.
OR Fax form (credit card only) to (703) 684-2037.

ATTENDEE INFORMATION	REGISTRATION FEES																
ASA ID # (if known)																	
Name	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center; font-weight: bold;">January 10- March 31</td> <td style="text-align: center; font-weight: bold;">April 1- April 30</td> <td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/> Nonmember</td> <td style="text-align: right;">\$250</td> <td style="text-align: right;">\$300</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> RISK SectionMember*</td> <td style="text-align: right;">\$200</td> <td style="text-align: right;">\$250</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td style="text-align: right;">\$100</td> <td style="text-align: right;">\$100</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		January 10- March 31	April 1- April 30		<input type="checkbox"/> Nonmember	\$250	\$300	\$ _____	<input type="checkbox"/> RISK SectionMember*	\$200	\$250	\$ _____	<input type="checkbox"/> Student	\$100	\$100	\$ _____
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Preferred Name for Badge (if other than First Name)	*For current members of the American Statistical Association Risk Analysis section.																
Organization																	
Address	TOTAL FEES: \$ _____																
City																	
State/Province																	
ZIP/Postal Code																	
Country (non-U.S.)	CANCELLATION POLICY																
Phone	All cancellations must be submitted in writing. Fax: (703) 684-2037; Email: ASAInfo@amstat.org ; Mail: RISK2018 Conference Registration, 732 North Washington Street, Alexandria, VA 22314. Cancellations received by April 30, 2018, incur a \$40 cancellation fee. Cancellations received after April 30 will not be refunded.																
Email	PAYMENT																
<input type="checkbox"/> Check here if you would like your ASA customer contact information updated with your meeting contact information.	<input type="checkbox"/> Check/money order payable to the American Statistical Association (<i>in U.S. dollars on U.S. bank</i>)																
In case of emergency, list the name and phone number of the person we should contact (remains confidential).	Credit Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa																
<input type="checkbox"/> This meeting is ADA accessible. Please check here if you need services due to a disability and attach a statement regarding your needs.	Card Number																
	Expiration Date																
	Security Code																
	Name of Cardholder																
	Authorizing Signature																

Forms Received Without Payment Will Not Be Processed