



**2018 GENERAL REGISTRATION FORM** Please print or type

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First M.I. Last/Surname

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**+++ CONFERENCE FEES & REGISTRATION OPTIONS**

- Pre-Conference Workshop ONLY** ..... \$300
- Early** (by May 9) ..... \$575
  - I will attend the Pre-Conference Workshop
- Regular** (by August 4) ..... \$675
  - I will attend the Pre-Conference Workshop
- On-site** (August 5-10) ..... \$800
  - I will attend the Pre-Conference Workshop
- Exhibitor/Sponsor** ..... \$525  
 (one per exhibit space)
  - I will attend the Pre-Conference Workshop
- Student\*** ..... \$175
  - I will attend the Pre-Conference Workshop
- One Day** ..... \$300

**SUBTOTAL REGISTRATION \$** A

**PARTICIPANT DATA**

Who is your employer? \_\_\_\_\_

- Military
- Undergraduate Student
- Industry
- Graduate Student
- Government
- University
- Self
- Other (please specify) \_\_\_\_\_

How many Small Satellite Conferences have you attended?

- 1st year
- 2-5 years
- 6-15 years
- 15+ years

**PARTICIPANT LIST**

- Please check here if you do NOT want your name, mailing address, phone number, & email included on the participant lists distributed to Conference participants & exhibitors.

**GUEST MEAL PASSES**

Passes must be worn by attendees & guests at all times during lunches & parties.

- SmallSat Guest Pass ..... \$75  
(includes all meals & Opening Social, age 18+)
- Lunches/Brunch ..... \$15/day  
(circle day(s)) > Sa Su M Tu W Th
- Opening Social (age 18+) ..... \$25



**SUBTOTAL GUEST MEAL PASSES \$** B

**DIETARY REQUEST** (Medical or Religious only)

Please select an option below if you (or your guest) require special dietary considerations.

- Vegetarian
- No Pork
- Gluten Free
- Vegan
- Kosher
- Allergy \_\_\_\_\_

**PAYMENT & PROCEDURES**

**Mail or fax this form with payment to:**

Registration Services, Small Satellite Conference  
 5005 Old Main Hill, Logan, UT 84322-5005  
 Fax (435) 797-0636

- Check payable to Utah State University
- Credit Card - To pay with credit card, please call (800) 538-2663 or (435) 797-0421



**TOTAL PAYMENT \$** A+B+C

**+++ Payment MUST accompany this form**

**REFUND POLICY**

Cancellations received in writing by July 30, 2018, will receive a refund less the \$75 processing fee.

\*The student rate applies to individuals who are enrolled as full-time undergraduate or graduate students. Those who are employed full-time & taking courses are not eligible for this rate.

