

Please answer the following demographic questions:

My Job title/position is:

- CEO/CTO/CIO
- Chairman
- Executive Vice President
- Vice President
- Director
- Program Manager
- Business Developer
- Consultant
- Chief Engineer
- Architect
- Government Employee

My Government standing is GS _____

My organization's GIS or spatial technology purchases annually:

- 0 – \$250,000
- \$250,001 – \$750,000
- \$750,001 – \$1,250,000
- \$1,250,001 – \$3,000,000
- More than \$3,000,000

What is your role in the contract decision making process?

- Final Decision
- Specify
- Recommend
- Influence
- No Role

CANCELLATION POLICY

All cancellations received postmarked by August 27, 2004, will receive a 100% refund less a \$50 processing fee. Cancellations received/postmarked after August 27, 2004, but before September 13, 2004, will receive a 50% refund less a \$50 processing fee. No refunds will be issued for cancellations received/postmarked after September 13, 2004. There are no refunds given for "no-shows."

QUESTIONS

If you need assistance, please contact SPATIAL-TECH 2004 customer service at kleighton@ntpshow.com or call 703.683.8500 ext 220.

SUBSTITUTION POLICY

Substitutions, including those made on-site, are allowed with the written permission of the original registrant. Please submit the request in writing to SPATIAL-TECH 2004 Registration, c/o NTP, 313 S. Patrick Street, Alexandria, VA 22314, via fax 703.706.8229, via e-mail kleighton@ntpshow.com or in person at the conference.

AGE POLICY

No one under 18 is permitted to attend SPATIAL-TECH 2004 or enter the exhibit hall during set up, show hours or move out.

CONTACT INFORMATION

First Name: _____ Last Name: _____

Title: _____

Agency/Organization: _____ Division: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____

I have special needs and would like to be contacted by a Symposium representative.

REGISTRATION PACKAGES

Full Conference Package

Includes all Conference Sessions, Opening Ceremony Reception, Monday/Tuesday/Wednesday Continental Breakfasts, Monday Lunch, Coffee Breaks, Corporate Sponsor Dinner

	Paid by 8/27	Paid after 8/27
Government	\$695	\$770
STIA Member	\$825	\$900
STIA Non-Member	\$900	\$975

Exhibits Only NO CHARGE

A la Carte

Additional Corporate Sponsor Dinner Ticket(s)
 Tuesday, 9/28: _____ # of tickets x \$100

TOTAL:

WEB 04

PAYMENT INFORMATION

Payment information must be complete in order for registration to be processed.

Fax this form with credit card payment, Gov't P.O. or Gov't training form to 703-706-8229.

**Mail with check payable to STIA
 C/O SPATIAL-TECH 2004 REGISTRATION
 313 S. Patrick St., Alexandria, VA 22314**

Check I.M.P.A.C. Visa MC AmEx

Account No.: _____

Exp. Date: _____

Total Amount Due: \$ _____

Cardholder's Name: _____

Signature: _____

Approved Federal Government Voucher SF182 (Please attach voucher)

Approved P.O. No.: _____

(Please attach copy of approved P.O.)