

INSTRUCTIONS:

1. Print or type all information and retain a copy for your records.
 2. Use a separate form for each registrant.
 3. Mail form with payment to WSDS Registration, 732 N. Washington Street, Alexandria, VA 22314. Fax form (credit card payment only) to (703) 684-2037. Registration form must be received by October 6, 2018. Purchase orders will not be accepted. No exceptions. ASA Federal ID #53-0204661
- Forms received without payment will not be processed.**

ATTENDEE INFORMATION

 ASA ID # (if known)

 Name

 Preferred Name for Badge (if other than first name)

 Organization

 Address Line 1

 Address Line 2

 City State/Province ZIP/Postal Code

 Country (non-U.S.)

 Phone

 Email

In case of emergency, list the name and phone number of the person we should contact (remains confidential).

Name _____

Telephone Number _____

Please update my ASA customer contact information with this contact information.

Please exclude my name from the conference attendee roster that will appear on the conference website.

This meeting is ADA accessible.

Please check here if you need special services due to a disability and attach a statement regarding your needs.

PAYMENT

Check/money order enclosed payable to the **American Statistical Association** (in U.S. dollars on a U.S. bank)

Credit Card American Express Discover MasterCard VISA

 Card Number

 Expiration Date Security Code

 Name of Cardholder

 Authorizing Signature

REGISTRATION FEES (required)

	By September 6	After September 6	
ASA Member	\$405	\$475	\$_____
New Member	\$540	\$610	\$_____
Includes discounted first-year ASA dues; not available to renewing or recently lapsed members.			
Nonmember	\$605	\$675	\$_____
Student	\$240	\$240	\$_____

OPTIONAL EVENTS INCLUDED WITH REGISTRATION

- Career Service, Applicant** – Available online concurrent with the conference

GUEST REGISTRATION (additional fee)

Allows admission to Opening Mixer and Poster Session, Friday and Saturday poster sessions with continental breakfast, and Friday Keynote Reception.

Guest Name: _____

Guest Name: _____

Total Guest Fee \$135 x _____Qty \$_____

SHORT COURSES (additional fee)

Thursday, October 18, 8 a.m. – 12 p.m.

Add-ons to conference fee *through* September 6/*After* September 6:

\$170/195 for Members and New Members

\$195/225 for Nonmembers

\$110/125 for Students

- SC1: Build > Improve > Share: Apps and Dashboards with Shiny**
 Mine Cetinkaya-Rundel, *Duke University and RStudio*

- SC2: Learning to Lead: Skills, Knowledge, and Strategies**
 Shanthi Sethuraman, *Eli Lilly & Co.*

Total Short Course Fee \$_____

TOTAL CONFERENCE CHARGES \$_____

CANCELLATION POLICY

All cancellations must be submitted in writing. Email: asainfo@amstat.org; Fax: (703) 684-2037; Mail: WSDS Registration, 732 North Washington St., Alexandria, VA 22314. Cancellations received by September 6, 2018, will be refunded, less 20% all items. Requests for refunds received after September 6 will not be honored.

DISCLAIMER AND WAIVER The American Statistical Association (ASA) intends to take photographs and video of this event for use in ASA news and promotional material, in print, electronic, and other media, including the ASA website. By participating in this event, you grant the ASA the right to use any image, photograph, voice or likeness, without limitation, in its promotional materials and publicity efforts without compensation. All media become the property of the ASA. Media may be displayed, distributed, or used by the ASA for any purpose.