



SCHOOL OF BUSINESS  
ADMINISTRATION  
Supply Chain Management Institute

**23<sup>RD</sup> ANNUAL STRATEGIC SUPPLY CHAIN MANAGEMENT FORUM**  
***Driving World Class Supply Chain Integration***

**November 6 - 7, 2008 ~ University of San Diego**

**REGISTRATION INFORMATION**

Please complete this form and fax or mail to the Supply Chain Management Institute using the contact details below.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Institution/Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ USD Student/Alumni: \_\_\_\_\_ Year: \_\_\_\_\_

Thursday Reception/Dinner: Will Attend \_\_\_\_\_ Will Not Attend \_\_\_\_\_ ISM/NAPM Mem: \_\_\_\_\_ Chapter: \_\_\_\_\_

Special Dietary Needs: \_\_\_ No \_\_\_ Yes (please specify) \_\_\_\_\_

**PAYMENT INFORMATION**

**TOTAL PAYMENT DUE: \$** \_\_\_\_\_

Please apply applicable discount (s) - Group/Early Registration

**Payment Options:** Check (payable to USD – SCMI) \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Last four digits of card number: \_\_\_\_ \_

Billing Address: \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I authorize the University of San Diego to charge my credit card as detailed below, for the total amount due above.*

Full Card Number: \_\_\_\_\_ Expiration Date (mm/yy) \_\_\_\_\_

**Mail: Supply Chain Management Institute**  
University of San Diego  
5998 Alcalá Park  
San Diego, CA 92110-2492

**Phone:** (619) 260-7903  
**Fax:** (619) 260-7611

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**\*\*\*\*Please DO NOT e-mail this completed form\*\*\*\***