

**Road Safety & Simulation Conference 2019**  
**Iowa City, Iowa**  
**October 14-17, 2019**

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Registration Fees**

**Early Registration – Before 15 August 2019**

- Regular Registration: \$600
- Student Registration: \$400

**Late Registration – 16 August through 1 October 2019**

- Regular Registration: \$650
- Student Registration: \$450

**Additional Fee**

- Workshop & Technical Tours: \$50

Workshops – Please select one:

- Simulation Boot Camp
- Human Factors
- Automated Vehicles

**Events** *\*Please note: Events for conference registrants are included in conference registration fees*

- |                            |   |
|----------------------------|---|
| Monday, 14 October 2019    | <input type="checkbox"/> Welcome Reception                          |
| Tuesday, 15 October 2019   | <input type="checkbox"/> Lunch                                      |
| Wednesday, 16 October 2019 | <input type="checkbox"/> Lunch <input type="checkbox"/> Gala Dinner |
| Thursday, 17 October 2019  | <input type="checkbox"/> Lunch                                      |

**Guest Attendees**  I will be bringing guests to the conference # of Guests \_\_\_\_\_

Guest #1 Name: \_\_\_\_\_

Guest #2 Name: \_\_\_\_\_

Guest #3 Name: \_\_\_\_\_

Guest #4 Name: \_\_\_\_\_

**Guest Options** \*You may purchase meal tickets for guests below

Welcome Reception Guest Ticket: # \_\_\_\_\_ x \$50 each = \$ \_\_\_\_\_

Gala Dinner Guest Ticket: # \_\_\_\_\_ x \$50 each = \$ \_\_\_\_\_

**Payment Information**

Registration \$ \_\_\_\_\_

Workshop & Technical Tours \$ \_\_\_\_\_

Guest Fees \$ \_\_\_\_\_

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Total Amount Due \$ \_\_\_\_\_

I will pay by:  A check made out to: UI Center for Conferences

Credit Card:       Visa       MasterCard       Discover       American Express

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**How to Register**

Mail      The UI Center for Conferences      Fax: 319-335-4039

250 Continuing Education Facility      Phone: 319-335-4141

Iowa City, IA 52242

Online      <https://centerforconferences.uiowa.edu/road-safety-simulation>