

ARCHIVING2020

May 18-21 • NARA, Washington, DC

Please complete one form per person and return by mail, fax, or email to:

IS&T

7003 Kilworth Lane, Springfield, VA 22151

Fax: +1-703-642-9094

Email: archiving@imaging.org

1. Paper Title(s): _____
2. Date of Birth (day/month/year): _____
3. Passport Number and Issuing Country: _____
4. Gender: _____
5. Nationality: _____
6. Email Address: _____
7. Full Name (the spelling of your name must match the spelling on your Passport):

Prefix: (Dr., Prof., Mr., Mrs., Ms.): _____

First (Given) Name: _____

Middle Initial: _____

Last (Family) Name: _____

Check box if spelling of name is different than that used in papers submitted to this conference

8. Mailing Address where Invitation Letter should be sent:

Address Type: Home Address (recommended) Business Address

Business or University Name (leave blank for home address):

Department and/or Office Number (leave blank for home address):

Street Address (Number, Street, Apartment/Unit):

City: _____

Postal Code: _____

Country: _____

9. Phone Number _____

10. Fax Number: _____

11. Additional Information: _____

All letters will be sent by **email** (as a PDF attachment).

Check box if you need a hardcopy mailed to you.