

Annual Modeling and Simulation Conference (ANNSIM) Retiree Verification Form

(Please fill out form completely, save, and e-mail back to SCS at scs@scs.org in order to receive your retiree discount)

RETIREE INFORMATION:

Full Name: _____
Phone Number: _____ E-mail: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____

MEMBERSHIP INFORMATION:

Are you a SCS Member? Y / N *(please circle)*

CONFERENCE INFORMATION:

Annual Modeling and Simulation Conference *(please check box)*

ATTENDANCE

Are you an author/presenter? Y / N *(please circle)*

If yes, what is your paper number/name: _____

I hereby attest that I am a retiree who is no longer working full-time. I authorize The Society for Modeling & Simulation (SCS) to verify my retiree status should they so choose. I acknowledge that the information provided in this statement is accurate and complete to the best of my knowledge and is provided by me of my own free will for the sole purpose of receiving the SCS retiree discount.

Signature: _____ Date: _____