



CEC-ICMC 2007

Cryogenic Engineering Conference & International Cryogenic Materials Conference
 July 16-20, 2007 Chattanooga, Tennessee, USA

CONFERENCE REGISTRATION FORM

Pre-Registration deadline June 29, 2007. After June 29 please register on-site.

PART I. CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name (Surname): _____
 Badge First Name: _____ Title: _____
 Institution: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

- Note:**
 > Check here if you prefer to have your contact info removed from any published or electronic conference attendee list.
 > Check here if you do not wish to be included in any email lists shared with other conferences.

Please take a few moments to answer the following two questions.
 1. Are you attending as: a CEC Participant, a ICMC Participant, or Both?
 2. For future conferences, would you be interested in proceedings being produced in CD format only? Yes No

ALL AMOUNTS ARE LISTED IN U.S. DOLLARS.

PART II. CONFERENCE REGISTRATION FEES

	Through June 1, 2007	After June 1, 2007	
FULL CONFERENCE REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Cocktail Reception, banquet event and EITHER <input type="checkbox"/> CEC or <input type="checkbox"/> ICMC transactions. CHOOSE ONE.)	\$695	\$845	\$ _____
FULL STUDENT/RETIREE REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Cocktail Reception, banquet event and EITHER <input type="checkbox"/> CEC or <input type="checkbox"/> ICMC transactions. CHOOSE ONE.) PLEASE SELECT WHETHER <input type="checkbox"/> STUDENT OR <input type="checkbox"/> RETIREE REGISTRANT! This registration fee is not available to Post-Doctoral Fellows. ***STUDENTS MUST PROVIDE STUDENT ID NUMBER.***	\$325	\$375	\$ _____
			Student ID Number: _____
DISCOUNT STUDENT/RETIREE REGISTRATION (includes Welcome Reception, Refreshment Breaks, and Exhibitor Cocktail Reception; does NOT include any set of the conference transactions or the banquet event.) PLEASE SELECT WHETHER <input type="checkbox"/> STUDENT OR <input type="checkbox"/> RETIREE! This registration fee is not available to Post-Doctoral Fellows. ***STUDENTS MUST PROVIDE STUDENT ID NUMBER.***	\$175	\$225	\$ _____
			Student ID Number: _____
ONE DAY/TECHNICAL SESSIONS (includes admittance to technical sessions and exhibits only – does NOT include admittance to any social events or the transactions) Which day will you be attending? <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI	\$225		\$ _____
EXTRA TRANSACTIONS FOR THE CRYOGENIC ENGINEERING CONFERENCE Volume of <input type="checkbox"/> CEC or <input type="checkbox"/> ICMC	\$95		\$ _____
ONE DAY EXHIBIT HALL ONLY (includes admittance to exhibits only) Which day will you be attending? <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THURS (half day)	\$75		\$ _____

COMPANION REGISTRATION

1 person at \$35 2 persons at \$70 \$ _____

1st Companion: First and Last Name: _____

City, State/Province, Country: _____

2nd Companion: First and Last Name: _____

City, State/Province, Country: _____

PART III. ADDITIONAL EVENT TICKETS

<i>Welcome Reception (One Days/Companions/Spouses) – Mon. 7/16</i>	# of tickets _____	at \$ 45 per person	\$ _____
<i>Exhibitor Cocktail Reception (One Days/Companions/Spouses) – Tues. 7/17</i>	# of tickets _____	at \$ 16 per person	\$ _____
<i>Banquet Event (Discounted/One Days/Companions/Spouses) – Thu. 7/19</i>	# of tickets _____	at \$ 42 per person	\$ _____

TOTAL REGISTRATION AMOUNT (including additional event tickets) \$ _____

PART IV. SPECIAL NEEDS

I am in need of the following special services during the conference: _____

[This section pertains to individuals with disabilities requiring special assistance or persons with dietary requirements ONLY].

PART V. ADDITIONAL PAYMENT OPTION

Note: If you are purchasing extra event tickets and you would like to use a different credit card than the card you will be providing for your conference registration fee (see below), then please provide payment information here:

Amount to be processed: _____

Payment Type: Check # _____ Make checks PAYABLE to CEC/ICMC 2007

VISA MasterCard Discover Credit Card Number: _____ Exp. Date: _____

three digit number next to signature line (back of the card) _____

Name as it appears on the card: _____

Signature: _____ Date: _____

If billing address for credit card different than what provided on previous page, please type here:

PART VI. PAYMENT INFORMATION

To qualify for the Early Registration fee, your payment -not your payment commitment- must be postmarked by June 1, 2007. Registrations that are received late but postmarked by June 1, 2007, must include payment in order for the early registration fees to be applicable.

TOTAL REGISTRATION AMOUNT: _____

Payment Type: Check # _____ Make checks PAYABLE to CEC/ICMC 2007

PO # _____ VISA MasterCard Credit Card Number: _____ Exp. Date: _____

verification code (three digit number on the signature line; back of the card) _____

Name as it appears on the card: _____

Signature: _____ Date: _____

If billing address for credit card different than what provided on previous page, please type here:

Mail form and payment to:

CEC/ICMC 2007

c/o Centennial Conferences

901 Front Street, Suite 130 ♦ Louisville, CO 80027 ♦ USA

Or fax registration form to (credit card payment only): (001) 303-499-2599

Any pre-paid tickets will be non-refundable after June 18, 2007. Prepaid registration fees are refundable, less a U.S. \$75 processing fee, if notification of cancellation is received in writing (mail, email, or fax) by Centennial Conferences by June 18, 2007. Cancellations after June 18, 2007 will result in forfeiture of the registration fee; however, a substitute registrant will be accepted. Please email cancellation to cecicmc07@centennialconferences.com or fax to (001) 303-499-2599.