CEC/ICMC 2025 – ONSITE REGISTRATION FORM

**CONTACT INFORMATION – *Please enter complete and accurate address information.***

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| **First Name:**   | **Middle Initial:**   | **Last Name (Surname):**   |
| **Title:**   | **Affiliation:**   |
| **Mailing Address:**   |
| **City:**   | **State/Province:**   | **Zip/Postal Code:**   | **Country:**   |
| **Phone (including country code):**   | **Mobile Phone:**   |
| **Email:**   | **Alternative Email:**   |

**1. I authorize CEC/ICMC 2025 to add my email to the shared email distribution list. [ ]  Yes [ ]  No**

**2. Details to be included in the CEC/ICMC 2025 attendees list: [ ]  Full Contact Information [ ]  Name & Company Only [ ]  Do Not Include**

**3. I am attending as: [ ]  a CEC Participant [ ]  an ICMC Participant [ ]  Both**

**4. Is this your first CEC/ICMC? [ ]  Yes [ ]  No If yes, how did you hear about the conference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Gender Preference : [ ]  Male [ ]  Female [ ]  Other [ ]  Prefer not to say**

**6. If you have any dietary needs, please indicate here:**

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| **FULL CONFERENCE REGISTRATIONS -** *(Includes admission to all Technical Sessions, Exhibits, Social Events, and the combined CEC and ICMC 2025 conference proceedings in* ***digital format***.) | **ON SITE FEES** | **Total** |
| **regular Registration**  | **US $1,525** | $      |
| **Student Registration** – Not available to post-doctoral fellows. **Enter Student Identification number here:**  | **US $600** | $      |
| **RETIREE REGISTRATION** | **US $600** | $      |
| **ONE-DAY PASSES -***limited to* ***one (1) day only.*** *Does NOT include admittance to social events or proceedings.* |  |  |
| **ONE DAY/TECHNICAL SESSIONS – Please select one: [ ]  MON [ ]  TUE [ ]  WED [ ]  THUR *(half day)****Includes admittance to the technical sessions and exhibits on the selected day only* | **US $450** | $      |
| **ONE DAY/EXHIBIT HALL ONLY – Please select one: [ ]  MON [ ]  TUE [ ]  WED *(half day)****Includes admittance to exhibits on the selected day only* | **US $225** | $      |

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| **OTHER OPTIONAL FEES** | **# of tickets** | **Fee** | **Total** |
| **ICMC Short Course Student** – Sun., May 18 |       | **US $25** |  **$**      |
| **ICMC Short Course –** Sun., May 18 |       | **US $125** |  **$**      |
| **Welcome & Exhibitor Reception** (One Days/Companions/Guests) – Sun., May 18 |       | **US $75** |  **$**      |
| **Farewell Event** (One Days/Companions/Guests) – Wed., May 21 |       | **US $85** |  **$**      |

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| **PAYMENT INFORMATION** |  |
| **Total PAYMENT Amount: US $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checks must be in U.S. dollars, drawn on a U.S. bank, payable to *Cryogenic Engineering Conference, Inc.* A $20 administrative fee will be applied for all returned checks. [ ]  CASH  |  **[ ]  VISA [ ]  MasterCard [ ]  Discover**Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |