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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |