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 After
June 1, 2007 June 1, 2007

FULL CONFERENCE REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Cocktail Reception, banquet event and EITHER ☐ CEC or ☐ ICMC transactions. CHOOSE ONE.)
$695 $845 $____

FULL STUDENT/RETIREE REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Cocktail Reception, banquet event and EITHER ☐ CEC or ☐ ICMC transactions. CHOOSE ONE.)
$325 $375 $____

PLEASE SELECT WHETHER ☐ STUDENT OR ☐ RETIREE REGISTRANT!
This registration fee is not available to Post-Doctoral Fellows.

****STUDENTS MUST PROVIDE STUDENT ID NUMBER.****
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.)
$175 $225 $____

PLEASE SELECT WHETHER ☐ STUDENT OR ☐ RETIREE!
This registration fee is not available to Post-Doctoral Fellows.

****STUDENTS MUST PROVIDE STUDENT ID NUMBER.****
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)
$225 $____

Which day will you be attending? ☐ TUE ☐ WED ☐ THURS ☐ FRI

EXTRA TRANSACTIONS FOR THE CRYOGENIC ENGINEERING CONFERENCE
Volume of ☐ CEC or ☐ ICMC
$95 $____

ONE DAY EXHIBIT HALL ONLY (includes admittance to exhibits only)
$75 $____

Which day will you be attending? ☐ TUE ☐ WED ☐ THURS (half day)
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

Welcome Reception (One Days/Companions/Spouses) – Mon. 7/16  # of tickets ___  at $ 45 per person $___

Exhibitor Cocktail Reception (One Days/Companions/Spouses) – Tues. 7/17)  # of tickets ___  at $ 16 per person $___

Banquet Event (Discounted/One Days/Companions/Spouses) – Thu. 7/19  # 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.