



CEC/ICMC 2011

Cryogenic Engineering Conference & International Cryogenic Materials Conference
June 13 - 17, 2011 Spokane, Washington, USA

ON-SITE CONFERENCE REGISTRATION FORM

REGULAR REGISTRATION

PART I. CONTACT INFORMATION

First Name:		Middle Initial:	Last Name (Surname):	
Badge First Name:			Title:	
Institution:				
Address (do not include city/state/postal/country):				
City:	State/Province:	Zip/Postal Code:	Country:	
Phone:	Fax:	Email:		

PLEASE SELECT IF APPLICABLE:

- Check here if you prefer to have your name & contact info removed from any published or electronic 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.

- Are you attending as: a CEC Participant, a ICMC Participant, or Both?
- For future conferences, would you be interested in proceedings being produced in CD format only? Yes No
- Is this your first CEC/ICMC? Yes No

ALL AMOUNTS ARE LISTED IN U.S. DOLLARS.

PART II. CONFERENCE REGISTRATION FEES

FULL CONFERENCE REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Reception, Awards Banquet Event, and EITHER <input type="checkbox"/> CEC or <input type="checkbox"/> ICMC transactions. CHOOSE ONE)	\$875	\$ _____
FULL STUDENT REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Reception, Awards Banquet Event, and EITHER <input type="checkbox"/> CEC or <input type="checkbox"/> ICMC transactions. CHOOSE ONE) <i>This registration fee is not available to Post-Doctoral Fellows. Students may be required to show student ID at registration check-in.</i> ➤ Students, please advise: Are you planning on attending the special student session (ticketed function)? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$425	\$ _____
RETIREE REGISTRATION (includes Welcome Reception, Refreshment Breaks, Exhibitor Reception, Banquet Event, and EITHER <input type="checkbox"/> CEC or <input type="checkbox"/> ICMC transactions. CHOOSE ONE)	\$425	\$ _____
TOTAL CONFERENCE FEE AMOUNT		\$ _____

PART III. 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 IV. PAYMENT INFORMATION

TOTAL CONFERENCE FEE AMOUNT:

Payment Type *(please select one of the following):*

- Check # **Make checks payable to CEC/ICMC 2011**
 Cash VISA MasterCard Discover

Note: CEC/ICMC 2011 is unable to process American Express cards. We apologize for the inconvenience.

Credit Card Number:		Expiration Date:
Verification Code: <i>(see back of the card)</i>	Postal Code: <i>(to where card statements are sent)</i>	
Name as it appears on the card:	Date:	
Signature:		