

REGISTRATION FORM

Name/Degree _____

Title _____

Company/University _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

Check appropriate box:

I am a graduate student.

Special Registration Code _____

Check enclosed: Amount _____

Credit Card: Discover Master Card Visa

Card Number _____

Expiration Date _____

Card Holder's Name _____

Billing
Address _____

*Amount _____

Card Holder's

Signature _____

REFUND POLICY: All refund requests must be made in writing. Full refunds will be given for cancellations received by April 30, 2010. Cancellations received May 1, 2010 through May 10, 2010 will be subject to a \$200 cancellation fee. No refunds will be given after May 10, 2010.