

High Temperature Superconductivity Program Peer Review August 4-6, 2009 • Alexandria, VA

On-Site Registration

Mr. / Ms. / Dr. (circle one)

First Name _____ Last Name _____

E-Mail _____ First Name for Badge _____

Job Title _____ Organization _____


Mailing Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

In case of emergency during the conference contact: _____

Emergency Day Telephone () _____ Emergency Evening Telephone () _____

-  Check here if you require assistance.
- Yes Will you be attending the wrap up session which includes lunch, on the last day?
 No
- Yes Will you be attending the No-host dinner on Wednesday, August 5? 6:30 p.m. Las Tapas
 No

**Registration Fee: \$360.00 if registered by Tuesday, July 28, 2009
\$425.00 if registered after Tuesday, July 28, 2009**

- Check/PO (made payable to Energetics)
 Visa
 Master Card
 American Express

Account Number: | | | | | | | | | | | | | | | | | | | | | |

Expiration Date: | | - | | Security Code: _____ Security code is located on back of card. Registration cannot be processed without the code. Thank you.

Print Name (as it appears on card): _____

Cardholder's Signature: _____ Amount: _____

**Conference Services
Energetics, Incorporated
7067 Columbia Gateway Drive
Columbia, MD 21046**

**Phone: (410) 953-6269
Fax: (410) 423-2193**

<i>For Internal Use Only</i>	
Received _____	Entered _____
Multiple for: _____	
Confirmation Letter _____	
PO# _____	Auth# _____ Date _____