

REGISTRATION FORM

Please **TYPE** or **PRINT LEGIBLY** and complete all sections. [in Adobe Reader use TAB to go between fields]

Section A

PERSONAL INFORMATION:

Legal Name (**Last**, First, Middle Initial): _____

Preferred Name for Name Badge: _____

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country Code: _____ Telephone: _____ Fax: _____

Email:[†] _____ + (An e-mail confirmation will be sent to this address)

Section B

SYMPOSIUM EXPENSES: **Include general symposium expenses, breaks, working lunches, reception.**

Registration fee:

\$50.00-payment received on or before **September 29, 2008**

\$100.00-payment received on or after **September 30, 2008**

Section C

PARTICIPATION: For catering and planning purposes --please be definite (Registration fees include all meals.)

Monday, October 13, 2008 (5:00 PM - 8:00 PM): Registration & Beverages Yes No

Tuesday, October 14, 2008 (8:00 AM - 5:00 PM): General Session with breakfast, lunch & 2 breaks Yes No

Tuesday, October 14, 2008 (5:00 PM - 7:30 PM): Symposium Reception Yes No

Wednesday, October 15, 2008 (8:00 AM - 5:00 PM): Workshops with breakfast, lunch & 2 breaks Yes No

Special Needs: Indicate any special needs below (AV, handicap access, dietary restrictions): (specify)

Please continue with the next page.

Section D

PAYMENTS: Checks and credit cards accepted (**Visa and MasterCard ONLY**). Credit cards will be processed 2 week prior to the symposium. Receipts will be included with registration packets.

*LANL Participants (For Registration Fees go to Section D.3. and for any other payments go to Section D.1. or D.2.)
Non-LANL Participants (For all payments go to Section D.1. or D.2.)*

Section D.1.

Credit Card Payment:

- Visa MasterCard
- Government Issued Credit Card^{††}
- All other Credit Cards

Card #: _____

Expiration: _____

Card Holders Signature: _____
(In Adobe Reader, you may type your name above as a Signature.)

^{††} Requires Government Credit Card LANL Sales Form (<http://dev-g.lanl.gov/conferences/lacsi/2008/docs/govt.sales.form.pdf>)

Section D.2.

Check Payment:

Payable to Los Alamos National Laboratory (U9GA)

Check # : _____ Government/Corporate Check Personal Check

Section D.3.

LANL Participants, please include the following information for only registration fees.
(Do not request a Travel Check for this fee):

Cost Codes: _____ Program Code: _____ Cost Account: _____ Work Package: _____

Signature: _____
(In Adobe Reader, you may type your name above as a Signature.)

Date _____

Total Payment : \$ _____

COMPLETE AND RETURN THIS SIGNED FORM TO:
Peggy Vigil, Los Alamos National Laboratory, Protocol Office (U9GA)
P.O. Box 1663, MS A106, Los Alamos, NM 87545
Phone: 505-667-8448 Fax: 505-665 1293 E-mail: lacss@lanl.gov
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