

# 10th International Meshing Roundtable - October 7-10, 2001 - Newport Beach, California

## Registration Form

Register Early  
DEADLINE: September 7, 2001

Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Web Address \_\_\_\_\_

## Security Information

US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please fill in the below information. Because this is a Sandia Laboratory sponsored event, DOE requires the below information from non-United States citizens. No other action is required.

Full Name (including middle initial): \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Current Citizenship: \_\_\_\_\_

## Please Indicate Participation

**Short Course, Sunday October 7th @ \$100 per person, Marriott Hotel**  
I will attend:  YES  NO

**Poster Session: Monday, Noon, October 8th, Marriott Hotel**  
I will attend:  YES  NO  
Guest(s) will attend: \$25 per person. How Many \_\_\_\_\_  YES  NO

**I will have an entry(s) for the Poster Session:**  YES  NO  
If yes, how many entries? \_\_\_\_\_

**I am a Vendor and have entry(s) for Poster Session**  YES  NO  
If yes, how many entries? \_\_\_\_\_

**Banquet and Awards: Tuesday Evening, October 9th, Newport Beach Dunes**  
I will attend:  YES  NO  
Guest(s) will attend: \$50 per person . How Many \_\_\_\_\_  YES  NO

**T-shirt Size (Circle One):** Sm. Med Lrg X-Lrg XX-Lrg

## Registration Fees

**MEETING COSTS:** \$285 BEFORE SEPTEMBER 7, 2001  
\$325 AFTER SEPTEMBER 7, 2001  
\$80 Student Registration with Student ID

**REGISTRATION:** Full Registration @ \$285/\$325 Per Attendee \_\_\_\_\_  
Student Registration @ \$80 Per Attendee \_\_\_\_\_  
Short Course @ \$100 per Attendee \_\_\_\_\_  
**NOT COVERED IN:** Guest(s) Attending Poster Session @ \$25/person \_\_\_\_\_  
**REGISTRATION FEE** Guest(s) Attending Banquet @ \$50/person \_\_\_\_\_  
**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

## Registration

\_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ AmEx (Check One)

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Signature \_\_\_\_\_

**MAKE CHECKS or MONEY ORDERS PAYABLE TO:**

SANDIA NATIONAL LABORATORIES

MAIL TO: Attn.: Tammy Eldred, Conference Coordinator  
PO Box 5800, MS0833  
Albuquerque, NM 87185-0833

## Registration - Sandia Labs Participants Only

Project/Task Number (Active) \_\_\_\_\_ Project Manager Approval Signature \_\_\_\_\_

## Special Needs

Please indicate here if you require special accessibility or accommodations at this meeting. My requirements are: (e.g. **vegetarian, disability accommodations, audio/visual requirements for speakers, etc.**)

## For Registration Information

Tammy Eldred, Conference Coordinator Email: tjeldre@sandia.gov  
Office: 505-844-0180 Fax: 505-844-8251 or 505-844-8081

~ RETURN THIS FORM WITH PAYMENT TO THE ADDRESS PROVIDED ~