

11th International Meshing Roundtable – September 15-18, 2002 – Ithaca, New York, USA

Register early! DEADLINE: August 16, 2002. Return this form with payment to the address provided.

Registration Form

Name: _____ Title: _____
 Company Name: _____
 Mailing Address: _____ Mail Stop: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 E-Mail 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: _____

Participation

Please circle one answer to each of the questions below.

Short Course, Sunday September 15th @ \$100 per person, Statler Hotel
 I will attend: Yes No

Do you want to receive the proceeding in: hardcopy CD both

Poster Session: Monday, Noon, September 16th, Statler Hotel
 I will attend: Yes No

I will have an entry(s) for the Poster Session: Yes No
 If yes, how many entries? _____

Guest(s) will attend Poster Session: \$25 per person. How many? _____
(12 & under 1/2 price, toddlers & infants free)

Banquet and Awards: Tuesday Evening, September 17th
 I will attend: Yes No

Guest(s) will attend Banquet: \$50 per person. How many? _____
(12 & under 1/2 price, toddlers & infants free)

Choose Banquet entree for you and for guest(s) that will be attending.
 Steak _____ Chicken _____ Fish _____
 Vegetarian (choose one): Portabella Mushroom _____ Pasta _____

T-shirt Size: small medium large x-large xx-large
 Additional T-shirts (\$10.00 each): How many? _____ Size(s): _____

Will you be attending the CMU Workshop? Yes No

Registration Fees

Meeting Costs: \$285 before August 16, 2002
 \$325 after August 16, 2002
 \$80 Student Registration with Student ID

Registration: Full Registration @ \$285/\$325 per attendee _____
 Student Registration @ \$80 per attendee _____
 Short Course @ \$100 per attendee _____

Additional Fees: Guest(s) attending Poster Session @ \$25/person _____
 Guest(s) attending Banquet @ \$50/person _____
 Additional T-shirts _____

TOTAL AMOUNT ENCLOSED _____

Payment

_____ VISA _____ MasterCard _____ AmEx **(check one)**

_____ Card Number _____ Expires _____

_____ Signature _____

Make checks/money orders payable to: Sandia National Laboratories

Mail to: Sandia National Laboratories
 Attn: Lynn Janik Washburn, Financial Coordinator
 P.O. Box 5800, MS-0321
 Albuquerque, NM 87185-0321

Registration – Sandia Laboratories Participants Only

_____ Project/Task Number (active) _____ Project Manager Approval Signature

Special Needs

Please indicate 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

Lynn Janik Wasburn, Financial Coordinator
 phone: 845-3520, fax: 505-844-2415, email: lajanik@sandia.gov