

14th International Meshing Roundtable – September 11-14, 2005 – San Diego, CA, USA

DEADLINE: August 12, 2005. After this date registration fee is \$460. Return this form with payment to the address provided.

Contact Information

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

Participation (Please check one answer to each of the questions below.) Poster Session & Banquet guests 12 & under ½ price, toddlers & infants free.

Short Course, Sunday September 11th @ \$135 per person (lunch included)

I will attend: Yes No

Poster Session, Monday, Noon, September 12th, Bahia Resort 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: Yes No

If yes, how many? _____

Banquet and Awards: Tuesday Evening, September 13th, Catamaran Resort

I will attend: Yes No

Guest(s) will attend Banquet: \$50 per person: Yes No

If yes, how many? _____

T-shirt Size: small medium large x-large xx-large

Additional T-shirts @\$15.00 each: How many? _____ Size(s): _____

Do you want to receive the proceeding in: Hardcopy CD Both

Special Needs

Please indicate if you require special accessibility or accommodations.
(vegetarian, vegan, disability accommodations, audio/visual requirements, etc.)

Security Information

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

Full Name and middle initial: _____ Date of Birth _____

Place of Birth: _____ Current Citizenship: _____

Registration Fees & Payment (No Refunds)

Full Registration @ \$410 (on/before Aug 13th) per attendee \$ _____

Full Registration @ \$460 (after Aug 13th) per attendee \$ _____

Student Registration @ \$130 per attendee \$ _____

Short Course @ \$135 per attendee (with lunch) \$ _____

Guest(s) attending Poster Session @ \$25 per person \$ _____
(12 and under ½ price, toddlers and infants free)

Guest(s) attending Banquet @ \$50 per person \$ _____
(12 and under ½ price, toddlers and infants free)

Additional T-shirts @ \$15 each \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Payment (check one): Visa MasterCard AmEx Check/Money Order

Card Number: _____ Expires: _____

Card Verification Value – located on the back of the card (choose One):
Value # (3/4 digit number) _____ Unreadable Not Present

Cardholder's Name: _____ Signature: _____

Make checks/money orders payable to: Sandia National Laboratories Send this form with payment to:

Sandia National Laboratories

Attn: Lynn Washburn

P.O. Box 5800, MS-0791

Albuquerque, NM 87185-0791 (or fax at 505-284-2518)

For questions contact: Lynn Washburn at 505-845-3520; email: lajanik@sandia.gov