

32nd Review of Atmospheric Transmission Models Meeting

REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

First Name _____ Last (Family) Name _____

Company / Organization (as it will appear on your name badge) _____

Street Address or PO Box # _____

Room No. or Mail Stop _____

City _____ State or Province _____

Postal Code _____ Country _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

HOTEL RESERVATIONS

Individuals are responsible for securing hotel accommodations. Those attending from outside the Boston area should note that all area hotels are not within walking distance of the conference venue, therefore, individuals will need either to secure a rental car for the duration of their stay or make arrangements with an attending colleague for daily transportation.

PROGRAM SCHEDULE

Advance Program available online ... 15 May 2010

Pre-Registration deadline ... 31 May 2010*

Full Papers due (optional) ... 17 July 2010

CD ROM *Proceedings* to be mailed ... early September

**Although pre-registration is not required, it is strongly encouraged in order to avoid delays when checking in at the registration desk. Additionally, daily lunch options are only guaranteed for those who pre-register.*

For registration, program information or questions, contact:

steintammy@sbcglobal.net

REGISTRATION FEE

All fees are noted and will be collected in US\$.

The registration fee includes all workshop materials, Proceedings on CD ROM, all breaks, and lunch on both days (**lunch guaranteed for pre-registrants only**).

Member* — IEEE or SPIE	\$295	\$ _____
Membership # _____		
Non-Member	\$345	\$ _____
Student**	\$200	\$ _____

*Membership number required to qualify.

**Copy of student ID card required with registration form.

TOTAL DUE \$ _____

PRE-REG PAYMENT, if applicable \$ _____

BALANCE DUE \$ _____

PAYMENT METHOD

- Check made payable to **2010 Transmission Meeting**.
(Checks must be drawn on a U.S. bank in US\$.)
- Purchase Order (Attach copy of purchase order.)

- VISA
- Mastercard/Eurocard
- American Express

Card Number: _____

Expiration Date: _____

Cardholder: _____

Signature: _____

CANCELLATION POLICY

Prior to 31 May 2010, full payment made to date less a \$50.00 service fee will be refunded. No refunds may be issued after 31 May 2010.

RETURN COMPLETED FORM TO ...

2010 Transmission Meeting
ATTN: T. Stein
320 Cathedral Square
Beaumont TX 77701 USA

EMAIL: steintammy@sbcglobal.net

FAX: +1.409.833.1331