## **REGISTRATION FORM**

Organization or Affiliation		
Day-time Telephone		
FAX Number		
Email Address		
Phone		
other (specify)		
☐ I would like to receive the Bulletin (BAPS) for the conference in advance of the meeting (US Mail to US addresses only).		
Departure Date and Time		
ervations. Please contact Radisson's centralized own hotel reservations. (When prompted, press "1" for lisson Fort Magruder can also be contacted directly at 1- ember 12 to ensure room availability and conference rates		
rkshop and all workshop materials.		
nan 10 GeV Electron and Photon Beams sition and Data Analysis for Greater than 10 GeV or Physics and Technologies		
15, 2000 After Aug. 15, 2000 \$35.00 \$		
ng materials, and conference costs.		
15, 2000     After Aug. 15, 2000       5.00     \$175.00       00     \$45.00       0.00     \$300.00       5.00     \$276.00		

Other Events / Companions				
		necking the appr	opriate box(es) below:	
I will be bringing a companion:	] yes ☐ no	Name:		
Companion will attend (check all t			urs. Companions' Breakfast Evening Banquet (\$40)	
I am an undergraduate student and (If yes, please also register as student)		in the CEU2000 es no	program.	
<b>Payment Totals</b>				
	To	otal Due, Regist	tration(s) and Events \$	
<b>Payment Options</b>				
☐ Credit card (VISA, MasterCa	ard or Diners Club o	nly)		
_				
Type of credit card	Credit card	Number	Expiration date	
7				
Print name as shown on credit card Signature				
Credit Card charge will appear on <i>DNP Meeting, or Workshop Fee.</i>	statement as either SU	JRA or SURA R	Residence Facility Fee, not Jefferson Lab,	
☐ International Bank Transfer	in US dollars			
Your bank transfer should be to:	Richmond, Virginia ABA #051000020	Trust (formerly Crestar Bank) mond, Virginia USA 4 #051000020 further Credit to SURA Acct. #6585809		
	For further Credit to	SURA Acct. #6	585809	
Include participant's name and "DI owed after exchange. Participant w			ncy transferred must equal total amount erence at workshop registration.	
☐ Check in US dollars payable t	to SURA/Jefferson L	ab		
☐ Will pay late fee at the Works	shop			

An email message acknowledging our receipt of your registration will be sent within one week. Your registration will not be considered complete, however, until payment in full has been received and processed. A confirmation of completed registration will be sent at that time.

## FAX OR MAIL COMPLETED REGISTRATION FORM WITH YOUR PAYMENT TO:

Conference Coordinator Jefferson Lab MS 12G; 12000 Jefferson Avenue; Newport News, Virginia 23606 Fax: (757) 269-7363