

CCA 2008 REGISTRATION FORM

Prefix (choose one): _____ Mr. _____ Ms. _____ Mrs. _____ Dr. _____ Prof. _____ *E-MAIL: _____		
Full Name (please print First, Middle Initial, Last (Family Name)): _____		
Affiliation, Street/Mailing Address: _____		
City, State & Zip Code: _____		
Country: _____	Phone: _____	Fax: _____
Name to Appear on Badge: _____		

*Please provide email address to receive confirmation of Workshop registration. Each registrant should submit an individual form.

REGISTRATION FEES

	Early Reduced (prior to Oct. 31)	Late (after Oct. 31)
<input type="checkbox"/> FULL PARTICIPANT Includes Reception, Banquet, all technical sessions and materials, Breaks, Breakfasts and Lunches	\$460	\$560
<input type="checkbox"/> STUDENT PARTICIPANT Includes Reception, Banquet, all technical sessions and materials, Breaks, Breakfasts and Lunches	\$260	\$310
<input type="checkbox"/> ACCOMPANYING PERSON Includes welcome briefing and Orientation Breakfast, Reception, Banquet, Breakfast and Lunches.	\$150	\$150
TOTAL AMOUNT REMITTED	\$	\$

PAYMENT INFORMATION

Credit Card Payment

Payment Type: <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER
Credit Card Number: _____
Credit Card Expiration (mm/yy): _____
Name as it appears on Card (Please Print): _____
Signature: _____

Check or Money Order (drawn on U.S. bank)

Checks or Money Orders should be made payable to **The University of Houston**, and have the Registrant's name and "CCA08" clearly indicated on the document.

REMITTANCE OF PAYMENT

Fax or Email to: 1-713-743-8201 or
emyers@central.uh.edu

Or mail check or money order to:

CCA08, c/o Texas Center for Superconductivity
University of Houston Science Center – 202
3201 Cullen Blvd.
Houston, TX 77204-5002 USA

SPECIAL NEEDS	_____ Infirmities/Disabled Assistance: _____ Dietary Restrictions:
----------------------	---