REGISTRATION FORM

Register now! Registration ends on 15 April 2019. Registration will not be conducted at the meeting. All attendees must pre-register for the symposium. Registration fees include lunch, coffee breaks, Thursday evening reception and Friday evening dinner.

Cancellation Policy: A 50% refund will be issued, if the cancellation is received by ICDD in writing no later than 25 April 2019. (Email: ppxrd@icdd.com). No refunds will be issued for cancellations received after that date; however, with advance notice, you may transfer your registration to a colleague.

PARTICIPANT CONTACT INFORMATION

			_ Last Name		
City		State	Zip	Cou	intry
E-mail			Phone		
Business website			Emergency Contac	t	
Food Allergies or F	Restrictions				
REGISTRATIO	N OPTIONS				
	Early Registration Disc (Now until 1 April)		gistration Fee -15 April)	PLEASE R	ETURN THIS FORM TO:
Industry	\$1,000		\$1,200		oxrd@icdd.com 0-325-9823
Academic	\$700		\$900		DD, Conference Services,
Student*	\$350		\$450		Campus Blvd., Newtown Square, A, 19073, U.S.A.
*Must include student	identification with registration form			[A, 19073, U.S.A.
PAYMENT INFO	ORMATION				
Amount Due \$	Check enclosed for	·\$	_ made payable to	ICDD in U.S. do	lars and drawn on a U.S. bank.
Charge my: Vi	isa Mastercard Americ	an Express			
Card Billing Addre	ss (Address that card is registe	red, only compl	ete if different from	Contact Informat	ion)
Address			City		
State	Zip	Country		Phone	mber that is associated with this card)
				(na	mer that is associated with this cardy
Cardholder's name	e		Card number		
CVV#			Expiration date		
	ICDD reserves the right t	o use any and all	photographs taken thr	oughout the sympo	sium

to promote PPXRD or SPS-XRPD without additional approval from you, the participant.