

2017 ICDD XRF REGISTRATION FORM

Practical X-ray Florescence Clinic 24-28 April 2017

By: 10 March 2017 - \$1,700

After: 10 March 2017 - \$1,950

To receive the early registration price, payment must be included with your registration.

3 EASY WAYS TO REGISTER



Fax to:
+610.325.9823



Online at:
www.icdd.coms



Mail to: ICDD
12 Campus Boulevard
Newtown Square, PA 19073-3273

.....

First Name _____ Middle Initial _____ Last Name _____

Company/Organization _____

Business Address (street) _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ E-mail _____

Home Phone (in case of emergency) _____

Business Web Address _____

What commercial search/match software, if any, do you use? _____

Method of payment:

Enclosed is a check for \$ _____, payable to ICDD in U.S. dollars and drawn on a U.S. bank

Charge: Visa Mastercard AMEX

Cardholder's Name _____

Credit Card # _____ CVV# _____ Expiration Date _____

Cardholder's Signature _____

Address (if different from above) _____

Please note any needs related to disabilities or special dietary requirements.

Special needs _____

CANCELLATION POLICY

ICDD must guarantee payment for meals and materials in advance. You will receive a 50% refund of the paid registration fee if your written cancellation is received at ICDD 20 business days prior to the start of class. With less notice, a colleague may take your place, or the course materials will be mailed to you, but no refund will be given.

ICDD reserves the right to use any and all photographs taken throughout the course to promote the clinics and/or workshops without additional approval from you, the participant.

Please note: A minimum of 10 registrants per course is required, otherwise the course will be cancelled and your registration fee will be refunded. You will be notified of a course cancellation no later than two weeks prior to the start of the course.



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