

# 2009 Registration Form

## ICDD X-ray Fluorescence Clinic

- Practical X-ray Fluorescence                      18–22 May 2009                      CLXRF1-09                      \$ 1,830.00
- Yes, I would like more information on how to participate in the optional sample measurement exercise (no additional fee).

## ICDD X-ray Powder Diffraction Clinics

- Session 1—Fundamentals                      8–12 June 2009                      CLXRD1-09                      \$ 1,830.00
- Session 2—Advanced Methods                      15–19 June 2009                      CLXRD2-09                      \$ 1,830.00
- Sessions 1&2                      CLXRD12-09                      \$ 3,300.00

## ICDD Specialized Workshops

- Specimen Preparation for XRF                      13–15 October 2009                      WSSPXR09                      \$ 1,199.00
- Rietveld Refinement & Indexing 1&2                      19–23 October 2009                      WSRRI12-09                      \$ 1,450.00
- Session 1—Basic Workshop                      19–21 October 2009                      WSRRI1-09                      \$ 899.00
- Session 2—Advanced Workshop                      22–23 October 2009                      WSRRI2-09                      \$ 599.00

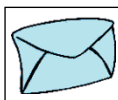
### 3 Easy Ways to Register



**Fax to:**  
**+610.325.9823**



**Online at:**  
**[www.icdd.com](http://www.icdd.com)**



**Mail to: ICDD**  
**12 Campus Boulevard**  
**Newtown Square, PA 19073-3273**  
**U.S.A.**

Dr.                       Mr.                       Mrs.                       Ms.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Badge Name (if different) \_\_\_\_\_

Company/Organization \_\_\_\_\_

Business Address (street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone (in case of emergency) \_\_\_\_\_

Business Web Address \_\_\_\_\_

### Method of payment:

- Enclosed is a check for \$\_\_\_\_\_, payable to ICDD in U.S. dollars and drawn on a U.S. bank
- Please bill: Name \_\_\_\_\_ Title \_\_\_\_\_
- Address (if different from above) \_\_\_\_\_
- Phone \_\_\_\_\_ P.O. # \_\_\_\_\_
- Charge:     Visa     Mastercard     American Express
- Cardholder's Name \_\_\_\_\_
- Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Cardholder's Signature \_\_\_\_\_

**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.