2011 PPXRD–10 SYMPOSIUM REGISTRATION FORM

Registration is open until 10 May 2011.

☐ Full program, workshop & symposium: 16–19 May $ 1,600 USD
☐ Symposium only: 17–19 May $ 1,300 USD
☐ Full program—student fee $ 600 USD
☐ Symposium only—student fee $ 400 USD
☐ Off-site tour of the ESRF; includes transportation & lunch (must register by 30 April 2011) $ 25 USD per person

Registration fees include lunch. The Symposium ends at 12 noon on Thursday. Lunch is not provided on Thursday.

Contact Denise Flaherty @ +610-325-9814 for discounts on groups of 5 or more.

The easiest way to register:

Online at: www.icdd.com/ppxrd

Fax to: +610-325-9823

Mail to:
ICDD, Attn: Denise Flaherty
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 site __________________________________________________________________________________________

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. # ____________________

☐ Please charge my: ☐ Visa ☐ Mastercard ☐ American Express

Cardholder’s Name ______________________________________________________________________________________

Credit Card # ______________________________________ Expiration Date __________________

Cardholder’s Signature ____________________________________________

Cancellation Policy

A 50% refund will be issued, if the cancellation is received by the ICDD in writing, no later than 2 May 2011. No refunds will be issued for cancellations received after that date; however, with advance notice, you may transfer your registration to a colleague.