

2002 PPXRD-2 Symposium Registration Form

Please return by **1 October 2002**

- | | | | |
|--|--------------------|-----------|------------|
| <input type="checkbox"/> XRD Tutorial | 8 December 2002 | PPXRDT02 | \$50.00 |
| <input type="checkbox"/> Symposium only | 9–11 December 2002 | PPXRD02 | \$1,200.00 |
| <input type="checkbox"/> Symposium & Workshop | 9–12 December 2002 | PPXRDWS02 | \$1,450.00 |
| <input type="checkbox"/> Yes, I would like to receive samples to measure in my lab for discussion during the Symposium (no additional fee) | | | |

Total: _____

The easiest way to register



Online at:

www.icdd.com/ppxrd



Fax to:

+610.325.9823



Mail to: ICDD, Attn: Leah Mooney

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) _____

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 _____



Hotel Registration – Best Western Concordville Hotel

Direct to: Best Western Concordville Hotel

Attention: Reservations

P.O. Box 607

Rte. 322 & U.S. Rte. 1

Concordville, PA 19331 U.S.A.

TEL: +800.522.0070

FAX: +610.358.9381

Web site: www.concordville.com

Organization: International Centre for Diffraction Data (ICDD)

Please reserve Smoking Nonsmoking

Arrival (Day-Date) _____ Departure (Day-Date) _____

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____

Credit Card Type and Number _____ Exp. Date _____
(to guarantee reservation)