

**MicroTAS 2003
REGISTRATION FORM**

PRESENTER

To ensure your registration, please complete all sections below:

PLEASE TYPE OR PRINT CLEARLY

First Name _____ First Name on Nametag _____

Last Name _____

Degree - Ph.D./Other _____ Position/Title _____

Institute/Organization _____

Department _____ Division _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Country code + Telephone _____ Fax _____

E-mail _____

Yes No • Name on electronic mailing list to be available to commercial supporters and conference attendees

If you require special arrangements, please indicate your request below

Dietary: _____

Physical: _____

Registration payment, in U.S. Dollars only, is due upon submission of registration.

The fee includes program material, (1) technical digest, refreshment breaks, and a 20% non-refundable cancellation fee. All requests for cancellations are to be made in writing and are subject to a 20% cancellation fee. No refunds will be made after September 26, 2003.

A \$50 fee will be charged for all substitutions.

	Early Bird	Advanced	On-site	
	Before 08/15//03	After 09/19/03	After 09/19/03	
REGISTRATION FEE				
<input type="checkbox"/> Standard	\$760.00	\$835.00	\$960.00	\$ _____
<input type="checkbox"/> Student/with out meals*	\$435.00	\$475.00	\$510.00	\$ _____
<input type="checkbox"/> Student*	\$585.00	\$635.00	\$695.00	\$ _____
*Include Advisors Name: _____				
<input type="checkbox"/> Daily	\$400.00	\$475.00	\$510.00	\$ _____
<input type="checkbox"/> Banquet \$60.00 (each)	x _____			\$ _____

ADDITIONAL TECHNICAL DIGEST FEE

(Your registration fee includes 1 Technical Digest)

(Does not include shipping)

\$150.00 (each) \$ _____

TOTAL \$ _____
GRAND TOTAL \$ _____

FORM OF PAYMENT in U.S. Dollars only, is due upon submission of registration.

Bankwire transfer: (bankwire transfer information will be sent to you upon receipt of this form)

Check or Money Order

Credit Card MasterCard Visa

Card Number _____

Expiration Date ____ / ____ (MM/YY) Verification code _____ (last 3 digits on signature line)

Name on card _____

Billing Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Cardholder's Signature _____

If you prefer to pay by check or money order, complete and mail this form with your check or money order payable to MicroTAS 2003 Conference to: MicroTAS 2003 Conference, c/o PMMI, 2320 6th Avenue, San Diego CA 92101-1643, USA or Fax: 1-619-232-0799