

PASREG 2010 REGISTRATION FORM

Prefix(choose one): ___ Mr. ___ Ms. ___ Mrs. ___ Dr. ___ Prof.			*E-MAIL: _____		
Full Name (please print First, Middle Initial, Last (Family Name) :					
Affiliation, Street/Mailing Address:					
City, State & Zip Code:					
Country:		Phone:		Fax:	
Name to Appear on Badge:					

*Please provide email address to receive confirmation of Workshop registration. Each registrant should submit an individual form.

REGISTRATION FEES		Early Reduced (prior to June 28)	Late* (after June 28)
<input type="checkbox"/>	FULL PARTICIPANT Includes Technical Sessions, Materials, Breaks, 2 Continental Breakfasts, Lunch and Dinner	\$350	\$400
<input type="checkbox"/>	STUDENT PARTICIPANT (limited)	\$250	\$300
<input type="checkbox"/>	ACCOMPANYING PERSON Included meals /breaks as listed above.	\$100	\$100
	TOTAL AMOUNT REMITTED	\$	\$

*No credit cards will be accepted on site. Cash or check drawn on US bank only.

PAYMENT INFORMATION

Credit Card Payment

Check or Money Order (drawn on US bank)

Payment Type: <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	Checks or Money Orders should be made payable to The University of Houston, and have the Registrant's name and "PASREG 2010" clearly indicated on the document.
CC Number:	
CC Exp. Date (mm/yy):	
CC Security Code:	
CC Billing Address:	
Name (as it appears on card):	
Signature:	

REMITTANCE OF PAYMENT

Fax or Email to: 1-713-743-8201 or emyers@central.uh.edu

Or mail check or money order to:

PASREG 2010, c/o Texas Center for Superconductivity
 University of Houston Science Center – 202
 3201 Cullen Blvd.
 Houston, TX 77204-5002 USA

SPECIAL NEEDS ___ Infirmities/Disabled Assistance: ___ Dietary Restrictions:
--