



REGISTRATION FORM
MicroTAS 2005 CONFERENCE
October 9 – 13, 2005
Boston, Massachusetts USA

Fill out this form and fax it to:
MicroTAS 2005, PMMI Conferences; FAX: +1 619 232 0799

Conference Presenter:

Institution: Industry Academia Research/Lab Government

Region: Americas Europe/Africa Asia/Oceania

First/Given Name: _____ Family/Last Name: _____

Preferred Salutation: _____ First Name on Name Tag: _____

Title: _____ Degree: _____

Position: _____ Organization: _____

Department: _____ Division: _____

Street: _____ City: _____ Zip/Postal Code: _____

State: _____ Country: _____

Phone No.: _____ Fax No.: _____

Email: _____

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

If you require special arrangements, please indicate your request below:

Dietary: _____ Physical: _____

Conference Fee

	Early Bird On or Before July 12, 2005	Advanced From July 13, 2005 to September 23, 2005	Standard and On-site After September 24, 2005	
<input type="checkbox"/> Participant	\$760	\$835	\$960	\$ _____
<input type="checkbox"/> Student (with confirmation*)	\$585	\$635	\$695	\$ _____

* Include Student Advisor's Name: _____

Daily Conference Fee

	Registration Rate per Day	Number of Days	Which Days?	
<input type="checkbox"/> Participant	\$250	x _____	_____	\$ _____
<input type="checkbox"/> Student (with confirmation*)	\$180	x _____	_____	\$ _____

* Include Student Advisor's Name: _____

Pre-registration will close on September 26, 2005. After September 26, 2005, all prospective attendees will register on-site at the standard rate. Please bring this registration form with payment to on-site registration.

Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. The registration fee includes program material, (1) Technical Digest and CD-ROM, exhibit hall access, welcome reception, refreshment/coffee breaks, and a 20% non-refundable cancellation fee. A \$50 fee will be charged for all substitutions. All requests for refunds must be received in writing no later than September 22, 2005. No refunds will be made after this date.

Conference Proceeding and CD-ROM, additional set (conference fee includes 1 set)
 Cost per set: \$100 No. of sets: _____ Total \$ _____

"Evening in the Stars" Conference Banquet (Ticket NOT included in the conference fee)
 Cost per ticket: \$60 No. of tickets: _____ Total \$ _____

Name of Guest (if applicable) _____ Grand Total \$ _____

PAYMENT

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

Check/Money Order – Make checks payable to: **MicroTAS 2005 Conference**

Credit Card Payment (circle one): VISA Mastercard American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (a 3 digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

City: _____

State: _____ Zip/Postal Code: _____

Country: _____

If you prefer to pay by check or money order, please complete and submit this form, with your check or money order payable to:

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