

7th ANNUAL INTERNATIONAL ASTROPHYSICS CONFERENCE

March 7-13, 2008
Princeville, Kauai, HI

University of California
Systemwide IGPP



SPACE SCIENCES LABORATORY
SSL.BERKELEY.EDU

Registration Fee is now \$525.00. Please note: The information on the form will be used in the conference materials. Please make sure your name, school/organization, and title of talk are exactly as you would like them to appear in the conference material.

PART I - PARTICIPANT INFORMATION:

Last Name _____

First Name: _____

University/Organization: _____

Department: _____

Mailing Address: _____

City: _____

State: _____ Postal Code: _____ COUNTRY: _____

Email: _____

Title of Talk: _____

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PART II - ATTENDANCE INFORMATION:

Registration Fee covers all meals specified below for participant only. Please mark your attendance below:		Additional meal tickets can be purchased at the rates below (taxes and gratuities included).
Fri., March 7, 2008:	<input type="checkbox"/> Welcome Reception Dinner & Registration	Welcome Reception Dinner, March 7 _____ \$65.00
Sat., March 8, 2008:	<input type="checkbox"/> Full American Breakfast	American Breakfast, March 8-13 (6 days max) _____ \$26.00
Sun., March 9, 2008:	<input type="checkbox"/> Full American Breakfast	Mid-week Luau Dinner, March 10 _____ \$90.00
Mon., March 10, 2008:	<input type="checkbox"/> Full American Breakfast	(Guest Name 1): _____
Mon., March 10, 2008:	<input type="checkbox"/> Evening Luau Dinner	(Guest Name 2): _____
Tue., March 11, 2008:	<input type="checkbox"/> Full American Breakfast	(Guest Name 3): _____
Wed., March 12, 2008:	<input type="checkbox"/> Full American Breakfast	(Guest Name 4): _____
Thu., March 13, 2008:	<input type="checkbox"/> Full American Breakfast	
		Total Breakfast Tickets: _____ x _____ days (6 max) x \$26 = \$ _____
		Total Welcome Dinner Tickets: _____ x \$65 = \$ _____
		Total Luau Tickets: _____ x \$90 = \$ _____
		Subtotal.....\$ _____

	Total
Registration Fee for Participant: \$480.00 (\$525.00 After February 1, \$575.00 Onsite)	\$ _____
Additional Meal Tickets (Subtotal Above)	\$ _____
GRAND TOTAL DUE:	\$ _____

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PART III - PAYMENT METHOD:

PARTICIPANT NAME: _____

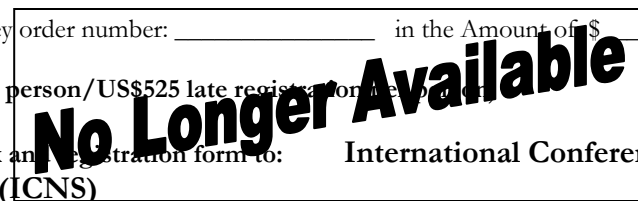
By Check or Money Order: A check/money order (payable to ICNS) is enclosed. *

Check/money order number: _____ in the Amount of \$ _____

(US\$480 per person/US\$525 late registration fee per person)

*Mail check and registration form to: International Conferencing & Networking Solutions (ICNS)

P.O. Box 77742, Corona, CA 92877



By Fax: (all pages) (951) 735-8906

Visa or MasterCard Only Visa MasterCard

Number: _____

Exp. Month _____ Year: _____

Exact Name on Card: _____

Amount to Be Billed: \$ _____

(US\$525.00 late registration fee per person) *Credit card registration may be faxed to: (951) 735-8906

On-Site Registration:

NOTE: Registration on site is \$575.00. If you plan on paying onsite, you still must provide a credit card number below as a guarantee of your attendance. Your credit card will not be charge unless you no-show.

Visa or MasterCard Only Visa MasterCard

Number: _____

Exp. Month _____ Year: _____

Exact Name on Card: _____

Amount to Be Billed: \$ _____

Cancellation/Refund Policy: After February 1, 2008, absolutely no registration refunds are granted. Requests made in writing and postmarked by February 1, receive a 75% refund. Telephone cancellations cannot be accepted. ICNS mails refunds one month after the meeting and is not financially responsible for attendees' travel expense in the unlikely event the meeting is canceled.