



ASTRONUM - 2010
June 13 - 18
San Diego, CA



Registration Fee is \$350.00. Please complete and return or fax registration form by **April 1, 2010 to avoid late registration fee of US \$375.00.** **Please note:** The information on the form will be used in the conference materials. Please make sure your name, affiliation/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: _____

Are you willing to chair a session?

- Yes
- No



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PART II - ATTENDANCE INFORMATION:

Please check boxes below:		Additional meal tickets can be purchased for non-participants at the rates below (taxes and gratuities included).
Sun, June 13, 2010:	<input type="checkbox"/> Welcome Reception & Registration	Welcome Reception Dinner, June 13 _____ \$45.00
Mon., June 14, 2010:	<input type="checkbox"/> General Session	Mid-week Dinner, June 16 _____ \$95.00
Tue, June 15, 2010:	<input type="checkbox"/> General Session	(Guest Name 1): _____
Wed., June 16, 2010:	<input type="checkbox"/> General Session	(Guest Name 2): _____
Wed., June 16, 2010:	<input type="checkbox"/> Evening Dinner	Total Welcome Dinner Tickets: _____ x \$45 = \$ _____
Thu., June 17, 2010:	<input type="checkbox"/> General Session	Total Dinner Tickets: _____ x \$95 = \$ _____
Fri., June 18, 2010:	<input type="checkbox"/> General Session	Subtotal\$ _____

	Total
Registration Fee for Participant: \$350.00 (\$375.00 After April 1, 2010)	\$ _____
Additional Meal Tickets (Subtotal Above)	\$ _____
GRAND TOTAL DUE:	\$ _____



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PART III - PAYMENT METHODS:

By Check or Money Order:

A check/money order (payable to **ICNS**) is enclosed. *

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

(US\$350.00 per person/US\$375.00 late registration per person)

*Mail check and registration form to:

**International Conferencing & Networking Solutions (ICNS)
P.O. Box 291, Harvest, AL 35749**

By Visa or Mastercard:

Visa MasterCard Card Number: _____

**Fax to:
(256) 852-9302**

Exp. Date: _____ CVC: (3-digit code back of card): _____

Exact Name on Card: _____

Amount to Be Billed: \$_____ (US\$350 per person/US\$375 late registration per person).

If you wish to pay for additional meals on a separate credit card, provide number here:

Visa MasterCard Card Number: _____

Exp. Date: _____ CVC: _____

Exact Name on Card: _____

Onsite Registration

NOTE: Registration on site is **\$400.00**. Even if you plan on paying onsite, please fax the registration form to (256) 852-9302 so we can prepare materials for your attendance. You must provide a credit card number regardless, as a guarantee of your attendance. Your credit card will not be charge unless you cancel after the cancellation deadline.

Visa or MasterCard Only

Visa MasterCard

Card Number: _____

Exp. Date: _____ CVC: (3-digit code back of card): _____

Exact Name on Card: _____

Amount to Be Billed: \$_____

Cancellation/Refund Policy: After April 1, 2010, **absolutely no registration refunds are granted**. Requests made in writing and postmarked by April 1, receive a 75% refund. Telephone cancellations cannot be accepted. ICNS mails refunds one month after the meeting.