

# 2010 Denver X-ray Conference Registration Form

Denver Marriott Tech Center Hotel • Denver, Colorado, U.S.A.

2–6 August 2010

**PLEASE TYPE** to avoid errors on name tags and attendee list. Online registration is also available at:

[www.dxcicdd.com](http://www.dxcicdd.com)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Check this box if you DO NOT want your name included on the attendee list.

**Registration Fees:** Discount fees will only apply if registration form and payment are received by 1 July 2010.

|  | <u>by July 1</u> | <u>after July 1</u> |
|--|------------------|---------------------|
| <input type="checkbox"/> Full week: exhibits, workshops, sessions <sup>†</sup>                 | \$525            | \$600               |
| <input type="checkbox"/> Monday & Tuesday: exhibits, workshops <sup>†</sup>                    | \$475            | \$550               |
| <input type="checkbox"/> Wed., Thurs. & Friday: exhibits, sessions <sup>†</sup>                | \$475            | \$550               |
| <input type="checkbox"/> Session organizer, invited speaker & workshop instructor <sup>†</sup> | \$100            | \$100               |
| <input type="checkbox"/> Student (I.D. required)   | \$150            | \$225               |
| <input type="checkbox"/> Unemployed  | \$150            | \$225               |
| <input type="checkbox"/> 65 and older  | \$150            | \$225               |

<sup>†</sup> Includes a copy of Volume 54 of Advances in X-ray Analysis on CD-ROM.

## Payment:

Total Amount Due: \_\_\_\_\_

Check enclosed for \_\_\_\_\_ made payable to **ICDD/DXC**

Charge my:  Visa  Mastercard  American Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Card holder's name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Billing address, if different from above:

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

## Please take the time to answer the following questions:

1) Are you primarily interested in XRD or XRF topics?

XRD  XRF  Equally interested in both

2) What is your highest education level?

HS  BS  MS  Ph.D

3) Job Title \_\_\_\_\_

4) Are you a new attendee?  Yes

## To Submit Registration Form:

**Mail:** ICDD, Denise Flaherty, 12 Campus Boulevard, Newtown Square, PA 19073-3273 U.S.A.

**Fax:** 610.325.9823

**E-mail:** [flaherty@icdd.com](mailto:flaherty@icdd.com)

**Cancellation Policy:** Cancellations must be submitted in writing to Denise Flaherty. A full refund will be issued, less a \$50 processing fee, if the cancellation is received at least two weeks before the conference (Monday, 19 July 2010). No refunds will be issued for cancellations received after 19 July 2010.

**Please contact Denise Flaherty** for any additional information:

e-mail [flaherty@icdd.com](mailto:flaherty@icdd.com) or phone **610.325.9814**.