

# 2010 Denver X-ray Conference & The North American Core Shell Spectroscopy Conference Registration Form

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

2-6 August July 2010

**PLEASE TYPE** to avoid errors on name tags and attendee list. On-line 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.

**Which Conference are you primarily attending?**     DXC     NACSSC

	<b>by July 1</b>	<b>after July 1</b>
<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.

## 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:

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

**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.