

# 2018 DENVER X-RAY CONFERENCE REGISTRATION FORM

The Westin Westminster Hotel • Westminster, Colorado, USA • 6 - 10 August 2018

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Check this box if you **Do Not** want your name included on the attendee list.

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**Registration Fees:** Discount fees will only apply if registration form and payment are received by 2 July 2018.

	by 2 July	after 2 July
Full week: exhibits, workshops, sessions*	\$725	\$800
Monday & Tuesday: exhibits, workshops*	\$675	\$750
Wed., Thurs. & Friday: exhibits, sessions*	\$675	\$750
Presenter from Participating Exhibit Company	\$350	\$350
Session organizer, invited speaker*	\$300	\$300
Workshop instructor*	\$275	\$275
Student (I.D. required)	\$300	\$375
65 and older (I.D. required)	\$350	\$425

\*Includes access to the conference proceedings on-line, Volume 62, *Advances in X-ray Analysis*.  
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Payment: Total Amount Due: \$ \_\_\_\_\_

Check enclosed for \_\_\_\_\_ made payable to ICDD/DXC in U.S. dollars and drawn on a U.S. bank.

Charge my:    Visa    Mastercard    American Express

Card number \_\_\_\_\_ CVV# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's name (please print) \_\_\_\_\_

Cardholder's signature (optional) \_\_\_\_\_

Billing address, if different from above: (address that the credit card is registered)

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

- 1)** Are you primarily interested in XRD or XRF topics?                      **2)** Are you a new attendee?      Yes  
      XRD      XRF      Equally interested in both
- 3)** What is your highest education level?                                      **4)** Job Title \_\_\_\_\_  
      HS      BS      MS      Ph.D

**To Submit Registration Form; SAVE A COPY AND EMAIL TO: dxc@icdd.com**

OR:      **Fax:** 610.325.9823

**Mail:** ICDD, Conference Services Department, 12 Campus Boulevard, Newtown Square, PA 19073-3273 USA

ICDD reserves the right to use any and all photographs taken throughout the conference to promote the conference without additional approval from you, the participant.

Cancellation Policy: Cancellations must be submitted in writing to ICDD's Conference Services Department (dxc@icdd.com). A full refund will be issued, less a \$50 processing fee, if the cancellation is received at least two weeks before the conference (Monday, 23 July 2018). No refunds will be issued for cancellations received after 23 July 2018. Please contact ICDD's Conference Services Department for any additional information, e-mail: dxc@icdd.com or phone: 610.325.9814.