

# REGISTRATION FORM

Return on or before May 1, 2009

# Stellar Pulsation: Challenges for Observations & Theory

May 31- June 05, 2009 La Fonda On the Plaza, Santa Fe, New Mexico, USA

Please **TYPE or PRINT LEGIBLY** and complete all sections.[in Microsoft Word use TAB to go between fields]

## Section A

### PERSONAL INFORMATION

Legal Name (Last, First, Middle Initial): \_\_\_\_\_

Preferred Name for Name Badge: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ (An email Confirmation will be sent to this address)

**NO REFUNDS will be issued for cancellations after May 1, 2009**

## Section B

**CONFERENCE EXPENSES:** Include general Conference expenses, proceedings, refreshments, a reception and banquet.

Registration fee:

\$400.00 USD - payment received on or before  
May 01, 2009

\$450.00 USD - payment received on or after  
May 02, 2009

## Section C

### PARTICIPATION:

For catering and planning purposes –please be definite

**Sunday, May 31** Reception, La Fonda Hotel  Yes  No

**Wednesday, June 3** Los Alamos Area Tour (Guests Welcome)  Yes  No

**Number of Tour Participants:** \_\_\_\_\_

*Tickets for tour are \$46.00 per person payable by cash or personal check at the registration desk.*

**Thursday, June 4** Banquet, La Fonda Hotel  Yes  No

Guest Banquet Ticket (\$35 per guest)  Yes  No

**Number of Guests at Banquet:** \_\_\_\_\_ **Amount of cash, check, or credit card to be paid: \$** \_\_\_\_\_

**Special Needs:** Indicate any special needs below (AV, handicap access, dietary restrictions): *(specify)*

Transportation to Albuquerque Hotel near Airport on Friday, June 05, 2009  Yes  No

**Section D**

**PAYMENTS:**

*(U.S. Dollars)*

Only credit cards accepted (**Visa and MasterCard ONLY**). Credit cards will be processed on May 1, 2009. Receipts will be included with registration packets.

*LANL Participants (For payment of Registration Fee go to Section D.3. and for any other payments go to Section D.1. or D.2.)*

*Non-LANL Participants (For all payments go to Section D.1. or D.2.)*

*Section D.1.*

**Credit Card Payment:**

Authorized Amount to be Charged: \$ \_\_\_\_\_

Visa       MasterCard

Card #: \_\_\_\_\_

Government Issued Corporate/Credit Card <sup>††</sup>

Expiration Date: \_\_\_\_\_

Card holders Signature: \_\_\_\_\_

*(In Microsoft Word, you may type your name as a Signature)*

<sup>††</sup> Requires Government Credit Card Sales Form (Page 3)

*Section D.2.*

**Check Payments:**

*(Payable to Los Alamos National Laboratory (U90D)*

*Mail to: Evan Sanchez*

*Los Alamos National Laboratory*

*P.O. Box 1663, MS P366*

*Los Alamos, NM 87545*

Check #: \_\_\_\_\_

Government/Corporate Check

Personal Check

*Section D.3.*

**LANL Participants**, please include the following information for only registration fees.

*(Do not request a Travel Check for this fee):*

Cost Codes: \_\_\_\_\_

Program Code: \_\_\_\_\_

Cost Account: \_\_\_\_\_

Work Package: \_\_\_\_\_

Signature: \_\_\_\_\_

*(In Microsoft Word, you may type your name as a Signature)*

Date: \_\_\_\_\_

Total Payment in U.S. Dollars: \$ \_\_\_\_\_

*(including Registration Fees and/or Guest Banquet Ticket)*

**COMPLETE AND RETURN THIS SIGNED FORM TO:**

**Evan Sanchez, Los Alamos National Laboratory, Protocol Office (U90D)**

**P.O. Box 1663, MS P366, Los Alamos, NM 87545**

**Phone: 1-505-667-5223**

**Fax: 1-505-606-2397**

**E-mail: [spcot@lanl.gov](mailto:spcot@lanl.gov)**

Credit Card - Sales Form



**Stellar Pulsation: Challenges for Observations & Theory**

**(This form MUST be completed if paying with a *Government Issued Credit Card ONLY*)**

1. Transaction Date (Date Form Completed):	_____
2. Transaction Amount:	_____
3. Payment Description:	Conference, U Code: U90D
4. Contact Phone Number:	_____
5. Card Holders Name (Exact Name):	_____
6. Credit Card Number:	_____
7. Type of Credit Card (Government Card):	_____
8. Credit Card Expiration Date:	_____
9. 3 Digit Security Code on back of Credit Card:	_____
10. Billing Address:	_____ _____ _____
11. Authorization # (Merchant Use Only):	_____
12. Cardholders Signature:	_____

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**P.O. Box 1663, MS P366, Los Alamos, NM 87545**  
**Phone: 1-505-667-5223      Fax: 1-505-606-2397      E-mail: [spcot@lanl.gov](mailto:spcot@lanl.gov)**

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