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<th><strong>Position/Title</strong></th>
<th><strong>Name (LAST First)</strong></th>
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Full Middle Name: ________________________________

Telephone/Fax: ________________________________

Electronic Mail Address: ________________________________

Employer Full Address/Organization

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Title of Presentation: ________________________________

Date of arrival: ________________________________

Date of departure: ________________________________

Dietary Restrictions: ________________________________

A registration fee of $200.00 ($100.00 for students) will be collected at the workshop, or you can mail a check in advance to the address below. Please note we can **ONLY** accept a check or cash for the registration fee (no credit card payments). Please make your check payable to **LANL**.

For further information, contact Rose Romero at (505) 665-7657 or rbromero@lanl.gov

Please return this form ASAP

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