



Please TYPE or PRINT LEGIBLY and complete all sections.

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 \_\_\_\_\_

E-mail † \_\_\_\_\_ †An e-mail confirmation will be sent to this address

Section B \_\_\_\_\_

**SYMPOSIUM EXPENSES** (Includes general symposium expenses, breakfast, breaks, working lunch, reception.)

Registration fee

\$125.00 payment received on or before **September 28, 2009**

\$175.00 payment received on or after **September 29, 2009**

Section C \_\_\_\_\_

**PARTICIPATION** (For catering and planning purposes, please be definite.)

**Monday, October 12, 2009** (5:00 P.M. - 8:00 P.M.)

Registration Yes      No

**Tuesday, October 13, 2009** (7:30 A.M. - 5:00 P.M.)

Registration/General Session with breakfast, lunch, and 2 breaks Yes      No

**Tuesday, October 13, 2009** (5:00 P.M. - 7:30 P.M.)

Symposium Reception Yes      No

**Wednesday, October 14, 2009** (8:00 A.M. - 5:30 P.M.)

Workshops with breakfast and 2 breaks Yes      No

\*Indicate any special needs below (AV, handicap access, dietary restrictions, etc.)

\_\_\_\_\_  
 Please continue with the next page

**PAYMENTS**

**LANL Participants, go to Section D.2**

**Non-LANL Participants, go to Section D.1**

*Section D.1 — Credit Card Payment*

**(Visa, MasterCard, and Discover ONLY.** Credit cards will be processed 2 weeks prior to the symposium. Receipts will be included with registration packets.)

Visa          MasterCard          Discover          Card # \_\_\_\_\_

Government Issued Credit Card † †          Expiration \_\_\_\_\_

† † *Requires Government Credit Card Sales Form*

*(<http://www.lanl.gov/conferences/lacss/2009/docs/govt.sales.form.pdf>)*

Card Holders Signature \_\_\_\_\_ Date \_\_\_\_\_

(In Adobe Reader, you may type your name above as a Signature.)

*Section D.2 — LANL Participants*

Cost Code \_\_\_\_\_ Program Code \_\_\_\_\_ Cost Account \_\_\_\_\_ Work Package \_\_\_\_\_

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**COMPLETE AND RETURN THIS SIGNED FORM TO:  
Denise Bjarke, Los Alamos National Laboratory, Protocol Office  
P.O. Box 1663, MS P366, Los Alamos, NM 87545**

**Phone: 505-667-2222          Fax: 505-667-7530          E-mail: [lacss@lanl.gov](mailto:lacss@lanl.gov)**