ADVANCE REGISTRATION FORM IUCR '96

Family Name_____

First Name_____

Dept. _____

Inst. _____

St._____

Box/Apt.# _____

City _____

St/Prov._____ Zip/Postal Code _____

Country _____

Phone_____

Fax _____

E-mail _____

Name(s) of Accompanying Guest(s) (non-scientist)

_____

_____

_____

Check here if you are a
❑ Invited Speaker ❑ Session Chair ❑ Session Co-Chair

Do you wish to receive an e-mail acknowledgement of receipt of this registration form and payment? ❑ yes ❑ no

Registration forms must be postmarked on or before June 1, 1996, to be eligible for reduced registration fee. On site registration will be accepted at the higher rate. Cancellations and requests for refunds should be made in writing to the Congress Secretariat. For cancellations received before June 1, 20% of the total remittance will be deducted; after June 1 and before July 8, 50% of the total remittance will be deducted. Fees will not be refundable after July 8, 1996.

Registration

	Before June 1	After June 1
❑ Full	$395	$450
❑ Student	$200	$200
❑ Accompanying	$ 75	$ 75

Registration Total $_____

Workshop Registration - Tuesday, August 13

Fees: Half Day: Students $35 Others $45

❑ CIF I - Data Interchange and Publication (a.m. session)
❑ CIF II - New Applications & Definitions (p.m. session)
❑ Surfing the Crystallographic Net
❑ a.m. session ❑ p.m. session

Workshop Total $_____

Social Program

	Will attend	Will not attend
Welcome Reception - Thursday, Aug. 8	❑	❑
Young Scientist Mixer - Saturday, Aug. 10	❑	❑
Science Center Reception - Tuesday, Aug. 13	❑	❑

❑ Congress Banquet - Thursday, Aug. 15
#_____ tickets at $50 each
#_____ vegetarian meals

Banquet Total $_____

Optional Tours: **Tuesday, August 13**

❑ Northwest Lodge Retreat
$55 per person
❑ Mt. Rainier Day Tour
$50 per person
❑ Snoqualmie Falls & Winery Tour
$45 per person
❑ Sample Seattle ❑ a.m. tour ❑ p.m. tour
$20 per person
❑ Panoramic Tour ❑ a.m. tour ❑ p.m. tour
$28 per person

Tour Total $_____

Include processing fee - $35 U.S. dollars for bank transfers

TOTAL REMITTANCE $_____

All prices listed are in U.S. dollars and must be submitted in U.S. dollars. Make checks payable to CGA 17, Inc., mark "For Deposit Only" and mail to:

CGA 17 Registration
c/o Hauptman-Woodward MRI
73 High St.
Buffalo, NY 14203

Forms sent via fax must include VISA or MasterCard payment information Fax : (716) 852-4846

Payment Method

❑ Check ❑ Bank transfer
❑ VISA ❑ MasterCard

Card
Number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date _____

Authorized Signature
_____