



ALAC 2009 ~ September 14 -15, 2009
GENERAL REGISTRATION FORM

PLEASE COPY FOR ADDITIONAL REGISTRANTS

Company: _____

Name: _____

Title: _____

Badge Name: _____

Street: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

I will attend the RECEPTION on: September 14

I will attend the CONFERENCE on: September 14 September 15

I wish to receive ADDITIONAL PROCEEDINGS CDs: Number of copies _____ x \$795 per copy = \$ _____

FEE SCHEDULE FOR REGISTRANTS:

Fee Schedule Conference: \$995 (\$1195 after August 7, 2009)

(Includes one copy of proceeding, and presentations CD, coffee breaks, lunch (es), receptions, technical programs, and exposition)

PAYMENT METHODS (All checks must be drawn from U.S. banks in U.S. funds only)

Total Amount Submitted in US\$ _____

Make Check Payable to: Advanced Laser Applications Conference & Exposition (ALAC)

For Credit Card Payment: MasterCard VISA American-Express

Account #: _____ Expiration Date: _____

(Cardholder's name & billing address if different from the above)

Signature: _____ Date: _____

REFUND POLICY: NO REFUNDS after August 7, 2009. There is a 45% service charge on cancellation(s) before August 7, 2009.

Please return to: ALAC, 5305 Plymouth Road, Ann Arbor, MI 48105-4125, USA
Phone: 734.418.2365 Fax: 734.418.2356
Email: info@alac-iluc.org