



**8th ANNUAL INTERNATIONAL
ASTROPHYSICS CONFERENCE
MAY 1 - 7, 2009
BIG ISLAND, Hawaii**



C E N T E R F O R S P A C E P L A S M A A N D A E R O N O M I C R E S E A R C H

Registration Fee is \$400.00. Fee includes participant's meals. Please complete and return or fax registration form by **April 1, 2009 to avoid late registration fee of US \$450.00.**

Please note: The information on the form will be used in the conference materials. Please make sure your name, school/organization, and title of talk are exactly as you would like them to appear in the conference material.

PART I - PARTICIPANT INFORMATION:

Last Name _____

First Name: _____

Affiliation: _____

Department: _____

Mailing Address: _____

City: _____

State: _____ Postal Code: _____ COUNTRY: _____

Phone: _____

Email: _____

Title of Talk: _____

Please indicate if you are willing to chair a session: Yes No

PART II - ATTENDANCE INFORMATION:

Breaks, lunch, & mid-week dinner for <i>participant</i> are included with registration fee.	
Additional meal tickets may be purchased for non-participants at the rates below: (taxes and gratuities included)	
Mid-week Evening Buffet	\$75.00
(Guest Name 1): _____	
(Guest Name 2): _____	
(Guest Name 3): _____	
(Guest Name 4): _____	
Evening Buffet Ticket(s): _____ x \$75 =	\$ _____
Subtotal	\$ _____

Registration Fee for Participant: \$400.00 (\$450.00 After April 1, 2009)	\$ _____
Additional Meal Tickets (Subtotal Above)	\$ _____
GRAND TOTAL DUE:	\$ _____

PART III - PAYMENT METHOD:

<input type="checkbox"/> By Check or Money Order:	<p>A check/money order (payable to ICNS) is enclosed. *</p> <p>Check/money order number: _____ in the Amount of: \$ _____</p> <p>(US\$400 per person/US\$450 late registration after April 1, 2009).</p> <p>*Mail check and registration form to: International Conferencing & Networking Solutions (ICNS) P.O. Box 77742, Corona, CA 92877</p>
<input type="checkbox"/> By Visa or Mastercard:	<p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Number: _____</p> <p>Exp. Month _____ Year: _____ CVC: (3-digit validation code back of card): _____</p> <p>Please fax form to: (951) 735-8906</p> <p>Exact Name on Card: _____</p> <p>Amount to be charged: \$ _____ (US\$400 per person/US\$450 late registration after April 1, 2009)</p> <p>If you wish to pay for additional meals on a separate credit card, provide number here:</p> <p>Amount to be charged: USD\$ _____</p> <p>Number: _____ Exp. Date: _____ CV Code: _____</p> <p>Name on Card: _____</p>
<input type="checkbox"/> Onsite Registration \$500.00	<p>NOTE: Registration on site is US\$500. Even if you plan on paying onsite, please fax the registration form to (951) 735-8906 so we can prepare materials for your attendance. You must provide a credit card number regardless, as a guarantee of your attendance.</p> <p>Visa or MasterCard Only <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Number: _____</p> <p>Exp. Month _____ Year: _____</p> <p>Exact Name on Card: _____</p> <p>Amount to Be Billed: \$ _____</p>

Cancellation/Refund Policy: After April 1, 2009, **absolutely no registration refunds are granted**. Requests made in writing and postmarked by April 1, 2009 receive a 75% refund. Telephone cancellations cannot be accepted. ICNS mails refunds one month after the meeting.