



**9th ANNUAL INTERNATIONAL
ASTROPHYSICS CONFERENCE
MARCH 14 - 19, 2010
MAUI, 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

Early Registration Fee is \$450.00. Registration after *February 1, 2010* is **US \$475.00.**

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: _____

Are you willing to chair a session?: Yes No

PART II - ATTENDANCE INFORMATION:

Please indicate your days of attendance:

Participant Attendance:		Yes	No
Sun, 3/14	Evening Welcome Reception		
Mon, 3/15	Breakfast & Session		
Tue, 3/16	Breakfast & Session		
Wed, 3/17	Breakfast & Session		
Wed, 3/17	Luau Dinner		
Thu, 3/18	Breakfast & Session		
Fri, 3/19	Breakfast & Session		

ADDITIONAL GUEST FEES:

<p>Breaks, breakfast, & mid-week dinner for <i>participant ONLY</i> and are included with registration fee.</p> <p>Additional meal tickets may be purchased for guests of the participant at the rates below: (taxes and gratuities included)</p> <p>Evening Welcome Reception..... Complimentary for 1 Guest, \$35 for additional. Breakfast Buffet \$25.00 per day Mid-Week Evening Luau..... \$75.00</p> <p>Welcome Reception: # of Ticket(s) _____ x \$35 = \$ _____</p> <p>Breakfast: # of Persons: _____ x # of days (5 max) _____ x \$25 = \$ _____</p> <p>Mid-Week Evening Buffet: # of Ticket(s): _____ x \$75 = \$ _____</p> <p>Subtotal.....\$ _____</p>
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Registration Fee for Participant: \$450.00 (\$475.00 After February 1, 2010)	\$ _____
Additional Guest 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>Early Registration fee is US\$450 per person. After February 1: US\$475</p> <p>*Mail check and registration form to: International Conferencing & Networking Solutions (ICNS) P.O. Box 291 Harvest, AL 35749</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: (256) 852-9302 Exact Name on Card: _____</p> <p>Amount to be charged: \$ _____ (US\$450 per person/US\$475 registration after February 1, 2010)</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 (256) 852-9302 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 February 1, 2010, **absolutely no registration refunds are granted.** Requests made in writing and postmarked by February 1, 2010 receive a 75% refund. Telephone cancellations cannot be accepted. ICNS mails refunds one month after the meeting.