



**REGISTRATION FORM**  
**MicroTAS 2010 CONFERENCE**  
**3 – 7 October 2010**  
**Groningen, THE NETHERLANDS**

Region:            Americas                       Europe/Africa                       Asia/Oceania

Institution:      Government       Government Lab       Industry       Self-Employed       University

Gender:            Female                       Male

First/Given Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Preferred First Name on Name Tag: \_\_\_\_\_ Degree: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Classification:    Conference Presenter                       Participant                       Paper No. \_\_\_\_\_

Email included on Participant's List for all attendees? Yes  No

Authorization for name and contact information to be provided to commercial supporters: Yes  No

If you require special arrangements, please indicate your request below:

Dietary: \_\_\_\_\_ Physical: \_\_\_\_\_

How did you hear about the MicroTAS 2010 Conference?

- Promotional Email                       Previous Conference                       Word of Mouth  
 Promotional Flyer                       Conference Website                       Internet Search

**CONFERENCE FEE**

|                              | Early Bird<br>On or Before<br>30 July 2010 | Advanced<br>From 31 July 2010<br>to August 31, 2010 | Standard<br>From 1 Sept 2010<br>to 17 Sept 2010 | On-site<br>After<br>17 September 2010 |         |
|------------------------------|--|---|---|---------------------------------------|---------|
| Regular                      | €645                                       | €745  | €855  | €890                                  | € _____ |
| Student (with confirmation*) | €495                                       | €495  | €550  | €550                                  | € _____ |

\* Include Student Advisor's Name: \_\_\_\_\_

**DAILY CONFERENCE FEE**

|   | Registration Rate per Day | Number of Days | Which Days? |         |
|---|---------------------------|----------------|-------------|---------|
| <input type="checkbox"/> Participant Daily Rate | €550                      | x _____        | _____       | € _____ |
| <input type="checkbox"/> Student Daily Rate     | €300                      | x _____        | _____       | € _____ |

Pre-registration will close on 17 September 2010. After 17 September 2010, all prospective attendees will register on-site at the on-site rate. Please bring this registration form with payment to on-site registration.

Registration payment, in Euro (€) only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The registration fee includes program material, **(1) CD-ROM**, exhibit hall access, welcome reception, lunches Monday through Wednesday, refreshment/coffee breaks, and a 20% nonrefundable cancellation fee. A €50 fee will be charged for all substitutions. All requests for refunds must be received, in writing no later than 17 September 2010. No refunds will be made after this date.

## ADDITIONAL PURCHASES

### Wednesday Evening Banquet (Ticket NOT included in the conference fee)

Cost per ticket: €65 No. of tickets: \_\_\_\_\_ Total € \_\_\_\_\_

Name of Guest (if applicable) \_\_\_\_\_

### Conference Proceeding (CD-ROM ONLY included in the registration prices above)

Additional Electronic Technical Digest ONLY: **€150** No. of CDs: \_\_\_\_\_ € \_\_\_\_\_

Grand Total € \_\_\_\_\_

## PAYMENT

**Bankwire** (bankwire transfer information will be sent via email to you upon receipt of this form)

**Check/Money Order** – Make checks payable to in Euro (€) Only: **MicroTAS 2010 Conference**

**Credit Card Payment** (circle one): VISA MasterCard American Express

Card No.: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_ Verification Code (a 3 digit number on the signature line of your card): \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

If you prefer to pay by check or money order, please complete and submit this form, with your check or money order payable to:

MicroTAS 2010 Conference  
c/o PMMI  
307 Laurel Street  
San Diego, CA 92101-1630  
USA

Phone: +1-619-232-9499

Fax: +1-619-232-0799

Email: registration@microtas10.org