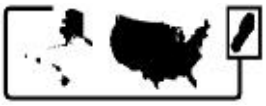
Registration Form



CSTE Annual Conference Hartford, CT
June 22-26, 2003

Participant Information (please print)

Name _____ Degrees _____

Organization _____

Title _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Fax _____ E-mail _____

(Please select one)

Affiliation: ☐ CSTE Member ☐ SENSOR/ABLES ☐ NASPHV ☐ Other _____

Conference Registration

To register at the member rate, your membership must be current with CSTE through 12/31/03. If your membership cannot be verified, you will be charged the non-member rate. Registration submitted before June 6 at the CSTE National Office will be processed prior to the conference, registration received after this date will be processed on-site.

	Early Before May 1	After May 1 and On-Site	Indicate Amounts
Member Fees:			
☐ Full Conference	$ 375	$ 425	_____
☐ Two Day	$ 275	$ 325	_____
☐ One Day	$ 175	$ 225	_____
☐ Pre-Conference Workshop	$ 55	$ 105	_____
Non-Member Fees:			
☐ Full Conference	$ 415	$ 465	_____
☐ Two Day	$ 315	$ 365	_____
☐ One-Day	$ 215	$ 265	_____
☐ Pre-Conference Workshop	$ 95	$ 145	_____
Opening Reception Each Registrant receives one complimentary ticket, this is for additional tickets			
Monday Evening, June 23	$ 20	$ 35	_____ X____ Tickets
CSTE President's Banquet / Jonathan Mann Lecture			
Tuesday Evening, June 24	$ 25	$ 40	_____ X____ Tickets
CSTE New Member Annual Dues $30:	$ 30	$ 30	_____

(I am not a member of CSTE, but I would like to join and take advantage of the discounted member registration rates. Please make me a new member.)

Total Due _____

Payment Information / Cancellation Policy

☐ Check enclosed Check#_____ Amount _____

Mailing Instructions: Make checks payable to **CSTE**. Mail form and payment to: **CSTE National Office, Attn: 2003 Annual Conference, 2872 Woodcock Blvd., Suite 303, Atlanta, GA 30341.** If paying by **credit card**, please complete the ***On-line "Secure" Registration*** at www.cste.org. We accept American Express, MasterCard, VISA, and Discover.

Purchase orders and/or training authorization forms are not accepted. Registrants are personally responsible for all money due.

Cancellation Policy: Notice of cancellation must be received in writing to CSTE and a cancellation fee of $100 will be deducted from meeting registration. Requests for refunds must be received prior to 30 days from the last day of the conference.

For more information, call the CSTE National Office at (770) 458-3811or visit our website at www.cste.org.