

2017 DENVER X-RAY CONFERENCE REGISTRATION FORM

Big Sky Resort • Big Sky, Montana, USA • 31 July – 4 August 2017

First Name _____ Last Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____ Email _____

Check this box if you **Do Not** want your name included on the attendee list.

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Registration Fees: Discount fees will only apply if registration form and payment are received by 30 June 2017.

	by June 30	after June 30
Full week: exhibits, workshops, sessions*	\$700	\$775
Monday & Tuesday: exhibits, workshops*	\$650	\$725
Wed., Thurs. & Friday: exhibits, sessions*	\$650	\$725
Session organizer, invited speaker*	\$275	\$275
Workshop instructor*	\$250	\$250
Student (I.D. required)	\$300	\$375
65 and older (I.D. required)	\$325	\$400

*Includes access to the conference proceedings on-line, Volume 61, *Advances in X-ray Analysis*.
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Payment: Total Amount Due: \$ _____

Check enclosed for _____ made payable to ICDD/DXC in U.S. dollars and drawn on a U.S. bank.

Charge my: Visa Mastercard American Express

Card number _____ CVV# _____ Expiration Date _____

Cardholder's name (please print) _____

Cardholder's signature (optional) _____

Billing address, if different from above: (address that the credit card is registered)

First Name _____ Last Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____ Email _____

Please take the time to answer the following questions:

- 1) Are you primarily interested in XRD or XRF topics? 2) Are you a new attendee? Yes
- XRD XRF Equally interested in both
- 3) What is your highest education level? 4) Job Title _____
- HS BS MS Ph.D

To Submit Registration Form; SAVE A COPY AND EMAIL TO: dxc@icdd.com

OR: **Fax:** 610.325.9823

Mail: ICDD, Conference Services Department, 12 Campus Boulevard, Newtown Square, PA 19073-3273 USA

ICDD reserves the right to use any and all photographs taken throughout the conference to promote the conference without additional approval from you, the participant.

Cancellation Policy: Cancellations must be submitted in writing to ICDD's Conference Services Department (dxc@icdd.com). A full refund will be issued, less a \$50 processing fee, if the cancellation is received at least two weeks before the conference (Monday, 17 July 2017). No refunds will be issued for cancellations received after 17 July 2017. Please contact ICDD's Conference Services Department for any additional information, e-mail: dxc@icdd.com or phone: 610.325.9814.