

# REGISTRATION FORM

Return on or before April 17, 2009

May 10-14, 2009

HEIR 2009  
Health Effects of Incorporated Radionuclides  
La Fonda On the Plaza, Santa Fe, New Mexico, USA

Please TYPE or PRINT LEGIBLY – FAX FORM TO 505-606-2397

## Section A

### PERSONAL INFORMATION

Legal Name (Last, First, Middle Initial): \_\_\_\_\_

Preferred Name for Name Badge: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Country Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

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

Email: \_\_\_\_\_ (An email Confirmation will be sent to this address)

## Section B

**CONFERENCE EXPENSES:** Includes general conference expenses, breaks, working lunches, reception and social afternoon.

**Last day to register –April 17, 2009**

Registration fee:

\$850.00-payment received on or before April 17, 2009

## Section C

### **PARTICIPATION:**

Please include your participation:

**Sunday, May 10, 2009** Welcome Reception Registration  Yes  No

**Monday, May 11, 2009** Meeting with breakfast, lunch, 2 breaks  Yes  No

**Tuesday, May 12, 2009** Meeting with breakfast, lunch, 2 breaks  Yes  No

### **Wednesday, May 13, 2009 - Tour of Taos Pueblo**

Tour of Taos Pueblo  Yes  No Additional Guest(s) \$30.00 per person  Yes How many \_\_\_\_\_

No

**Thursday, May 14, 2009** Meeting with breakfast, lunch, 2 breaks  Yes  No

**Special Needs:** Indicate any special needs below (AV, handicap access, dietary restrictions): (*specify*)

\_\_\_\_\_

**Section D**

**PAYMENTS:**

Only credit cards accepted (**Visa, MasterCard, and Discover ONLY**). Credit cards will be processed 2 weeks prior to the conference. Receipts will be included with registration packets.

*LANL Participants (For payment of Registration Fee go to Section D.2. and for any other payments go to Section D.1. or D.2.)  
Non-LANL Participants (For all payments go to Section D.1.)*

*Section D.1.*

**Credit Card Payment:**

- Visa       MasterCard       Discover<sup>††</sup>
- Government Issued Corporate Credit Card
- Corporate Credit Card
- Personal Credit Card

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card holders Signature: \_\_\_\_\_

††

Requires Government Credit Card Sales Form (Page 3)

*Section D.2.*

**LANL Participants, please include the following information for only registration fees.**

*(Do not request a Travel Check for this fee):*

Cost Codes: \_\_\_\_\_ Program Code: \_\_\_\_\_ Cost Account: \_\_\_\_\_ Work Package: \_\_\_\_\_

Signature: \_\_\_\_\_

*(In Microsoft Word, you may type your name as a Signature)*

Date: \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

*(Including Registration Fees and Social Tour for accompanying persons)*

**COMPLETE AND RETURN THIS SIGNED FORM BY **April 17, 2009** TO:**

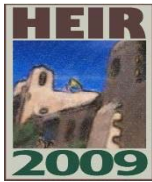
**Roberta Salazar, Los Alamos National Laboratory, Protocol Office (U9YR)**

**P.O. Box 1663, MS P366, Los Alamos, NM 87545**

**Phone: 505-667-6822**

**Fax: 505-606-2397**

**E-mail: [rmsalazar@lanl.gov](mailto:rmsalazar@lanl.gov)**



**Government or Corporate Credit Card - Sales Form**  
**Health Effects of Incorporated Radionuclide**

**(This form **MUST** be completed if paying with a Government or Corporate Issued Credit Card)**

1. Transaction Date (Date Form Completed): \_\_\_\_\_

2. Transaction Amount:  \$850.00 Registration Fee

3. Payment Description: Conference, U Code: U9YR

4. Contact Phone Number: \_\_\_\_\_

5. Card Holders Name  
(Exact Name as appears on Card): \_\_\_\_\_

6. Credit Card Number: \_\_\_\_\_

7. Type of Credit Card (Government Card):  Visa  MasterCard  Discover

8. Credit Card Expiration Date: \_\_\_\_\_

9. 3 Digit Security Code on back of Credit Card: \_\_\_\_\_

10. Billing Address \_\_\_\_\_

11. Authorization # (Merchant Use Only): \_\_\_\_\_

**COMPLETE AND RETURN THIS SIGNED FORM BY **APRIL 17, 2009** TO:**  
**Roberta Salazar, Los Alamos National Laboratory, Protocol Office (U9YR)**  
**P.O. Box 1663, MS P366, Los Alamos, NM 87545**

**Phone: 505-667-6822**

**Fax: 505-606-2397**

**Email: [rmsalazar@lanl.gov](mailto:rmsalazar@lanl.gov)**