40th Annual Technical Meeting
Society of Engineering Science
October 12-15, 2003

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All participants, including all speakers must submit a registration form and pay the appropriate fee. On-line registration is available at http://me.engin.umich.edu/SES2003/ Credit cards are accepted on-line on our secure server. You may also submit your registration by fax or mail. Please print or type the information on this form for each participant who is attending (duplicate the form, if needed).

Registration Form

Last Name / Sur Name _____

First Name _____

Title _____

School _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

Email _____

Dietary Restrictions _____

Registration Fee & Meals

For confirmation of registration, complete and return this form via fax or mail by Monday, October 6, 2003.

Cancellations received in writing or by fax prior to August 15, 2003, will be entitled to a full refund, minus a $50.00 handling charge. Those who do not appear at the conference, thereby canceling by default, will not be eligible to receive any refund. Refunds will take approximately six to eight weeks.

Early Registration (postmarked on or before 20 Aug 2003)
Includes proceedings, reception, breaks, and banquet ticket.

❑ Full Program, Non-Student $395.00

Regular Registration and On-Site Registration (postmarked after 21 Aug 2003)
Includes proceedings, reception, breaks, and banquet ticket.

❑ Full Program, Non-Student $445.00

Student Registration
Includes reception, breaks, and banquet ticket. Proceedings are not included.

❑ Early Full Program, Student $145.00
(postmarked on or before 20 Aug 2003)

❑ Regular Full Program, Student $195.00
(postmarked after 21 Aug 2003)

Extra Banquet Tickets
Guests must purchase Banquet Tickets, and cancellation of banquet after October 6th will forfeit refund

❑ Banquet Ticket $60.00 X _____ = _____
(quantity) *(subtotal)*

Guest Name/s _____

Payment Information

❑ Enclosed is a Check / Money Order (in U.S. funds) made payable to: ***U-M Conference Management Services***

❑ Charge my: (Circle one) Visa MasterCard Discover Card American Express

Card Number _____ Exp. Date _____

Signature _____

❑ Send Invoice (attach copy of P.O.) P.O. Number _____

For confirmation of registration, Complete and return this form via fax or mail by Monday, October 6, 2003 to:

U-M Conference Management Services ◆ 627 Oxford Road ◆ Ann Arbor, MI 48104-2634
Phone: 734/764-5297 ◆ Fax: 734/764.1557 ◆ Email: nrgibby@umich.edu ◆ http://me.engin.umich.edu/SES2003/