

22nd International Conference on Electrical Contracts

Together with

The 50th IEEE Holm Conference on Electrical Contacts

Sheraton Hotel

Seattle, WA

September 20-23, 2004

REGISTRATION FORM

PLEASE TYPE OR PRINT INFORMATION

Family Name _____ Given Name _____

Affiliation _____

Address _____

City _____ State _____ Country _____

Zip Code _____ Email _____

Telephone _____ Fax _____

** To receive confirmation please enter a valid email address. If you do not have an email address confirmation will be faxed to you.

Circle Registration Fee:

Inclusion of your Paper in the Conference and its publication is contingent upon receipt of registration fee

	Advance Fee (Prior to 8/20/04)	After 8/20/04 & On-Site
IEEE Member Number _____		
IEEE Member	\$550.00	\$610.00
Non-Member	\$600.00	\$660.00
Student	\$200.00	\$250.00

\$ _____

Additional Options

Extra Proceedings # _____ @ \$70 \$ _____

Guest/Spouse Banquet Tickets # _____ @ \$90 \$ _____

Tours

Seattle City Tour Including Glass Demonstration # _____ @ \$27 \$ _____

Monday September 20, 2004

8:30am – 12:30pm (Lunch on your own)

Afternoon Lakes Tour # _____ @ \$53

\$ _____

Tuesday 21 September

12:30pm – 3:30pm (Lunch on your own)

TOTAL \$ _____

PAYMENT

Check – Make checks payable to IEEE/Holm 2004

(Check # _____)

Please Note: IEEE will accept checks in any denomination as long as the conversion rate is equivalent to the United States Dollar amount listed above.

Wire Transfer:

****PLEASE INCLUDE CONFERENCE NAME WITH THE WIRE TRANSFER INFORMATION****

Wire Transfer Information:

1. Fleet Bank Boston, Mass., USA 2. Account #: 8459001469 3. IEEE Travel Services 4. ABA #: L011000138

SPECIAL INSTRUCTIONS: Be sure to add appropriate wire transfer charges to the registration fees being transferred in order to avoid an outstanding balance. To insure proper credit to your account you **MUST SPECIFY** in the WIRE TRANSFER “TRANSACTION DESCRIPTION” area the CONFERENCE AND THE ATTENDEE NAME. Upon completion of the transfer attach a copy of the transfer RECEIPT to a copy of your registration and provide it to this office. THESE INSTRUCTIONS MUST BE FOLLOWED IN ORDER TO APPLY PAYMENT ACCURATLEY TO YOUR FEES.

Charge to my Credit Card

Please Circle: American Express MasterCard Visa Diners Club

Card# _____ Exp. Date _____

Please Print

Signature: _____ Name on the Card: _____

REFUND POLICY: All refund requests must be in writing and received by September 06, 2004 to the registrar listed below. A \$50.00 cancellation fee will be deducted from the registration price. No refunds will be accepted after September 06, 2004.

Questions regarding your registration please contact:

Rebecca Boles – Holm Registrar

445 Hoes Lane, Piscataway, NJ 08854, USA

Phone: 732 562 5337 Fax: 732 465 6447 Email: r.boles@ieee.org