

The Application of Synchrotron Radiation to Petroleum Geochemistry Workshop

August 5-6, 2004 at Brookhaven National Laboratory

Workshop Registration Form (Print Version)

Due to the capacity of available facilities, Registration will be limited. Registrations **must** be received by July 12, 2004. The registration fee includes the Reception and Dinner on August 5, 2004 and a CD of the Workshop Highlights. Lunches are not included in the Registration Fee and are available in the adjacent BNL cafeteria.

All fields below are **mandatory and must** be completed unless they are marked as optional. Please submit **one** per registrant. If you need assistance, contact Susan Walch (walch@bnl.gov). **Print out** the form and **FAX or Mail** your registration information to us.

Meeting Coordinator:

Susan Walch

Address:

c/o Susan Walch
Brookhaven National Laboratory
Bldg 815/526
Upton, NY, 11973-5000
U.S.A.

Phone: 631-344-2418

FAX: 631-344-7905

Email: walch@bnl.gov

Web: www.bnl.gov/srog

Personal Information:

Preferred Title ___ Prof ___ Dr. ___ Mr. ___ Mrs. ___ Ms.
(optional)

First Name _____

M.I. _____

Last Name _____

Citizenship _____

Affiliation _____

Name on your
Workshop Badge _____

Phone Number _____

Fax Number
(optional) _____

Email Address _____

(confirmation will be sent to this address)

Mailing Information

Address _____
City _____
State/Province _____
Postal Code _____
Country _____

Break Out Session Registration

Session A - Gas Futures
 Session B - Unconventional Reservoirs
 Session C - Heavy Oil Futures

Payment Method

Registration received without payment **will not** be processed. Checks are made payable to *Brookhaven Science Associates or BSA*. All payment must be made in U.S. dollars with Foreign Exchange fees added for non U.S. Banks. Bank Wire Transfers are **Not Accepted**.

Registration Fee: **\$50.00**
Guest Dinner Ticket (optional): \$35.00
Total: _____

Select Payment Method: U.S. Check Credit Card

For Check Payments:

Make checks payable to: *Brookhaven Science Associates or BSA* Reference "SROG Workshop" on bottom of check and send to:

c/o Susan Walch
Brookhaven National Laboratory
Bldg 815/526
Upton, NY, 11973-5000
U.S.A.

All payments must be done by July 12, 2004

For Credit Card Payments: (All information is kept confidential.)

Card Type: Visa MasterCard American Express

Name (exactly as it appears on card)

Card Number

Expiration Date

All payments must be done by July 12, 2004

Comments: (optional)

Please **Do Not** submit your registration more than once.