

High Performance Computing with... BlueGene/L and QCDOC workshop

October 27 & 28, 2004
Brookhaven National Laboratory

Workshop Registration Form (Print Version)

Print out the form and **FAX or Mail** your registration information to us.

All fields below are **mandatory and must** be completed unless they are marked as optional. Please submit **one** per registrant. This workshop does not have a registration fee.

If you need assistance, contact (Claire Lamberti) at 631-344-3051, lamberti@bnl.gov.
Web Address: <http://www.bnl.gov/bgqcdoc/>

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| Meeting Coordinator: Claire Lamberti | Address: c/o Claire Lamberti Brookhaven National Laboratory Building 463B Upton, NY, 11973-5000 U.S.A. |
| Bus: 631-344-3051 | |
| Fax: 631-344-5751 | |
| Email: lamberti@bnl.gov | |

Personal Information:

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

First Name _____

M.I. _____

Last Name _____

Citizenship _____

Affiliation _____

Address _____

City _____

State/Province _____

Postal Code _____

Country _____

Telephone Number _____

Fax Number (optional) _____

Email Address _____

(confirmation will be sent to this address)

Registration Information:

Are you an invited speaker? ___ Yes ___ No

Do you intend to submit a poster? ___ Yes ___ No

Enter your "Speaker Talk" and/or "Poster" title. _____

Attending Wednesday Yes No
Attending Thursday Yes No
Will you be attending the
Wednesday night dinner? Yes No
Will you be requiring transportation
to the workshop? Yes No
Are you reserving a room in the
workshop area hotel? Yes No

Comments:

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



Last Modified: August 31, 2004

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