

Synchrotron Environmental Science III Registration Form (Print Version)

All fields listed below are **mandatory** and **must** be completed unless they are marked as optional. Print out the form and FAX or Mail your registration information to us. Please **Do Not** submit your registration more than once.

web address:

Event Coordinator:

Corinne Messana

Bus: 631-344-7398

Fax: 631-344-3238

Email: messana@bnl.gov

Address:

Synchrotron Environmental Science III

Brookhaven National Laboratory

P.O. Box 5000, Building 725D

Upton, New York USA 11973-5000

U.S.A.

Attn: Corinne Messana, Event Coordinator

Personal Information:

Preferred Title (optional)

Prof Dr. Mr. Mrs. Ms.

Gender

Male Female

First Name

M.I.

Last Name

Citizenship

Organization or Affiliation

Telephone

Fax (optional)

Email Address

(confirmation will be sent to this address)

Business Mailing Address

Are you an invited speaker?

Yes No

Foreign National Status

Please Note: Due to a required review process, **ALL** Foreign National attendees which includes speakers **must** be registered and approved in the BNL Guest Information System (GIS) before they will be allowed access to the site.

In order to help ensure completion of the approval process prior to the start of an event please register in GIS as soon as possible. The time frame for obtaining approval is based on the country designation (sensitive or non-sensitive) of the visitor's affiliation (Country of Birth, Citizenship, and Employer).



Foreign Nationals affiliated with **sensitive countries** should register a **minimum of 30 days** prior to the start of an event or no later than August 20, 2005. Foreign Nationals affiliated with **non-sensitive countries** should register a **minimum of 15 days** prior to the start of an event or no later than September 4, 2005. If you are not sure of your country's designation, you may send an email to fvaahelp@bnl.gov or contact your Event Coordinator who is hosting this event at <https://www.bnl.gov/sesiii/contacts.asp>. When requesting information

regarding your country designation, please provide your country of birth, country of citizenship and country of employment.

Registering in the BNL Guest Information System (GIS) **does not** automatically register you for this event. If you have a **current** BNL Appointment and a **valid** BNL Guest Number or you have a **pending** Guest Registration (GR) Number, it is not necessary to complete the GIS form again.

Are you a Foreign National? Yes No

If you answered yes above, do you currently hold an appointment at BNL?

Yes, provide Guest Number: _____

No, (see note above...)

Guest Information System (GIS) Form: <https://fsd84.bis.bnl.gov/guest/guest.asp>

Conference Registration Fee

A US\$ 25.00 surcharge will be added to registrations received after **August 5, 2005**.

Standard Registration (\$200.00)

Student Registration: (\$ 75.00)

Invited Speaker Registration: (no charge)

Lodging/Accommodations Information

Limited Housing is available onsite in the female and male dormitories which will be assigned on a first-come, first-served basis. Lodging is also available at local hotels <<http://www.bnl.gov/bnlweb/hotels.html#NearBNL>>. However, transportation **will not** be provided to the workshop each day. It is your responsibility to call the hotel directly and make the reservations.

Please note: to stay onsite, all foreign nationals **must have completed** the BNL Guest Information form prior to attending the workshop (see Foreign National Status above).

Arrival Date _____

Departure Date _____

I will make my own hotel reservation at a local hotel or I live local and will not need lodging Yes No

I would like onsite lodging at BNL Guest House (*invited speakers only - no fee*)
 Dorm Room, shared bath US\$ 28.00/night Male Female
 Non-Smoking Smoking

If you select BNL housing you will receive a confirmation via email within approximately five business days with check-in instructions. Payment is required when you check-in.

Credit Card Payments: (for registration fee only)

Card Type: Visa MasterCard AMEX

Name (appears on card): _____

Card Number: _____

Expiration Date: _____ (Month) / _____ (Year)

Additional Comments: (optional)

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



Last Modified: May 20, 2005