

TeV4 LHC Workshop 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: <https://www.bnl.gov/tev4lhc/>

Meeting Coordinator:

Amber Melosi

Bus: 631-344-3807

Fax: 631-344-5519

Email: melosi@bnl.gov

Address:

TeV4 LHC Workshop
Brookhaven National Laboratory
P.O. Box 5000
High Energy Theory Group
Physics Department, Bldg 510A
Upton, New York USA 11973-5000
U.S.A.

Attn: Amber Melosi, Meeting 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 _____

Foreign National Status

Please note: Due to a required 30-day review process, Foreign Nationals who have not already completed the BNL Guest Information System (GIS) form prior to January 4, 2005 **will not** be able to register for this workshop.

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 GIS note above...)

Lodging/Accommodations Information

Limited Housing is available onsite which will be assigned on a first-come, first-served basis. A block of rooms have also been reserved in hotels offsite. However, it is your responsibility to call the hotel directly and make the reservations. Lodging is also available at local hotels (<http://www.bnl.gov/bnlweb/hotels.html#NearBNL>), unfortunately transportation **will not** be provided to the workshop each day.

Please note: to stay onsite, all foreign nationals **must have completed** the BNL Guest Information System form at least 30 days prior to attending the workshop.

Arrival Date February _____

Departure Date February _____

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 Dorm Room, shared bath US\$ 27 M F Non-Smoking Smoking

I would like reserve onsite housing for the nights of (lodging at BNL) February 2 February 3 February 4

Dinner Reservation

The **date** of the dinner will be Friday, February 4, 2005 at the Brookhaven Center

The **price** of dinner will be \$35/pp. The **cut off** for a dinner reservation will be January 26, 2005. After January 26, 2005, the cost of a dinner reservation will be \$40/pp.

Spouses will be able to attend, price will be \$35.00 (full price). After January 26, 2005, the cost of a dinner reservation will be \$40/pp.

All payments **must** be made in U.S. dollars with Foreign Exchange fees added for non U.S. Banks

Will be attending dinner: Yes No

My spouse will be attending: Yes No There is no registration fee for the conference, only a charge for the optional Friday night dinner.

Credit Card Payments:

Card Type: Visa MasterCard AMEX

Name (appears on card): _____

Card Number: _____

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

All payments **must** be done before January 26, 2005 or late fees apply.

Additional Comments: (optional)

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



Last Modified: January 21, 2005