International Workshop on Scientific Challenges of New Functionalities in Glass
Key Bridge Marriott, Arlington, Virginia 22209
April 15-17, 2007

REGISTRATION FORM

Attendee Information

Name: _____
Title First M.I. Last Name

Institution/Company: _____

Address: _____
Street City

_____
State Zip Code Country

Phone: _____ Fax: _____ Email: _____

Registration Information

Fee: $350.00* (includes welcome reception, meals and am/pm breaks)

Deadline for Registration: March 7, 2007

Dietary Preferences: ☐ Regular/Meat ☐ Vegetarian ☐ Others _____

Method of Payment

Payment Amount in US Dollars: _____

☐ Check/Money Order (Payable to *Lehigh University*) ☐ Credit Card* Type of Card: _____

Name on the Card _____ Signature: _____

Account Number _____ Expiration Date (month/year) _____

Card Billing Address _____
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* There is a $200.00 processing fee for cancellations. All cancellations must be made in writing to Ms. Floe Fusin-Wischusen. No refunds after March 26, 2007.

** Acceptable cards are VISA, MasterCard & AMEX only

Please mail or fax registration form to:
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7 Asa Drive, Sinclair 120, Bethlehem, PA 18015, USA
Fax: (610) 758-6191 ; Phone: (610) 758-1112
Email: mff205@lehigh.edu

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http://www.lehigh.edu/~inimif/workshop.htm

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