

I wish to register for:

- 2004S07: Designing Electronic Powertrain Controls**

LOCATION: :

Motorola Parmer Site
7700 W. Parmer Lane
Austin, TX 78729

1 ATTENDEE INFORMATION

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Please enter your SAE member number or the 10 digit customer number, found above the name on mailing panel.

My preferred mailing address is:

- Business (based on your employer's policy) Home School

First/Given Name _____

Last/Family Name _____

Nickname for Badge _____

Job Title _____

BusinessName _____

Div/Dept _____

Mail Stop (if applicable) _____


Address _____

City _____ State/Province _____

Zip+4/Postal Code _____ Country (if not USA) _____

Phone No. _____ Fax No. _____

E-Mail _____

 Please check here if you require special accommodations and attach a written description of your needs.

- I am employed by (check ONE):
- OEM/Prime Government Product Maintenance, Repair Development
- Tier 1 Supplier/Systems Educational System Disposal, Recycling
- Integrator Other (please specify): Manufacturing Other (please specify):
- Other Supplier _____ Purchasing, Sales, Marketing _____

- My industry is (check ALL that apply):
- Aerospace Heavy Truck Operations
- Commercial Industrial Fuel Cell
- Military Medium Truck Emissions/Environment
- Regional Military Spark Ignition
- Space Other (please specify): Modeling/Simulation Software & Software Engineering
- Automotive Heavy Duty Fuel & Fuel Delivery Steering/Suspension
- Agricultural Agricultrual Manufacturing/Production Styling/Design
- Noise/Vibration/Harshness Testing Other (please specify): _____

2 FEE STRUCTURE

To attend this Symposium, the fees will be:			
	By 4/23/04	After 4/23/04	
Member	\$695	\$795	\$ _____
Non-member	\$795	\$895	\$ _____
Exhibit Booth Personnel	Free	Free	Free
<i>Exhibitor ID# Required: _____ Limit one per booth.</i>			
Included in the fee for this Symposium are:			
Tuesday - Thursday Luncheon			
Tuesday Evening Networking Reception			
Wednesday Motorola Tour			
Wednesday Salt Lick BBQ			
TOTAL ENCLOSED			\$ _____

3 PAYMENT METHOD

Check - Make check payable to "SAE"

MasterCard Visa Discover American Express

Purchase Order (attach copy)

Card No. _____ Exp. Date _____

Cardholder Signature _____

Bank wire transfer use: Suntrust Bank, Account Number: 206706413, ABA Routing # 061000104, Swift code: SNTRUS3A

REGISTER EARLY ONLINE AND SAVE!

www.sae.org/calendar/toptecs.htm

Phone credit card registrations to: 724/776-4970 or 1-877-606-7323

Fax Credit Card Registrations to: 724/776-0790

Mail check to:

SAE
PO Box 79572
Baltimore, MD 21279-0572 (USA)

Conditions of Sale: Payment must accompany this form by pre-registration date. Registrations received after the deadline date will automatically be charged the on-site price. NO CHILDREN UNDER THE AGE OF 16 PERMITTED. All cancellations must be in writing and received by SAE prior to **Thursday, April 22, 2004**. A \$50.00 processing fee will be assessed for each canceled registration that results in refund. Refunds for special event/meal tickets will not be processed after **Wednesday, April 21, 2004**. Refunds will not be issued if cancellation occurs on or after **Thursday, April 22, 2004**.