

SAE International™ SYMPOSIUM REGISTRATION FORM

2005S08

Engineering Propulsion Controls Symposium
 September 6-9, 2005
 GM Heritage Center
 6400 Center Dr.
 Sterling Heights, MI 48312-2609

REGISTER EARLY! www.sae.org/events/symposia/epc

* Denotes Required Information

1 ATTENDEE Information

--	--	--	--	--	--	--	--	--	--	--	--

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

*The address provided below is my:

Business Home School

*First/Given Name _____

*Last/Family Name _____

Nickname for Badge _____

*Job Title _____

*Company/Organization/School Name _____

*Company name for badge _____
 (if different from above)

Div./Dept. _____

*Mail Stop (if applicable) _____

*Address _____

*City _____ *State/Province _____

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

*Telephone No. _____

Fax No. _____

*E-Mail _____

*Please complete these important registration questions.

<p>*My industry is <i>(check ALL that apply):</i></p> <p><input type="checkbox"/> Aerospace <input type="checkbox"/> Commercial <input type="checkbox"/> Military <input type="checkbox"/> Regional <input type="checkbox"/> Space <input type="checkbox"/> Automotive <input type="checkbox"/> Heavy Duty <input type="checkbox"/> Agricultural <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Industrial <input type="checkbox"/> Medium Truck <input type="checkbox"/> Military <input type="checkbox"/> Other <i>(please specify):</i> _____</p>	<p>*My company is a/an <i>(check ONE):</i></p> <p><input type="checkbox"/> OEM/Prime <input type="checkbox"/> Tier 1 Supplier/ Systems Integrator <input type="checkbox"/> Other Supplier <input type="checkbox"/> Government <input type="checkbox"/> Academia <input type="checkbox"/> Parts and Components Supplier <input type="checkbox"/> Other <i>(please specify):</i> _____</p>	<p>*My primary job function is <i>(check ONE):</i></p> <p><input type="checkbox"/> Corporate Executive <input type="checkbox"/> Engineering Management <input type="checkbox"/> Engineering <input type="checkbox"/> Product Design <input type="checkbox"/> Quality Control Assurance <input type="checkbox"/> Research & Development <input type="checkbox"/> Manufacturing <input type="checkbox"/> Maintenance, Repair <input type="checkbox"/> Purchasing <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Academia <input type="checkbox"/> Other <i>(please specify):</i> _____</p>
<p>*My focus is <i>(check ONE):</i></p> <p><input type="checkbox"/> Propulsion: <input type="checkbox"/> Compression <input type="checkbox"/> Hybrid <input type="checkbox"/> Ignition <input type="checkbox"/> Spark Ignition <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Other <input type="checkbox"/> Software & Software Engineering <input type="checkbox"/> Other <i>(please specify):</i> _____</p>		

2 *CHECK the appropriate registration category:


<input type="checkbox"/> I want to join SAE by August 19 to attend at member discount, using this pre-registration form as my membership application. * I would like to receive <i>(choose one magazine):</i> <input type="checkbox"/> Automotive Engineering International <input type="checkbox"/> Aerospace Engineering <input type="checkbox"/> SAE Off-Highway Engineering SAE dues include a \$20.00 (not deductible from dues) one-year subscription to <i>Aerospace Engineering, Automotive Engineering International, or SAE Off-Highway Engineering</i> and a \$5.00 (not deductible from dues) one-year subscription to <i>SAE Update. Automotive Engineering International</i> will be sent to those not indicating a preference.	\$100	\$ _____
--	-------	----------

To attend this SYMPOSIUM, the fees will be:			
	Register By 8/19/05	After 8/19/05	
<input type="checkbox"/> SAE Member	\$695	\$795	\$ _____
<input type="checkbox"/> Non-member	\$895	\$995	\$ _____
<input type="checkbox"/> Participant <small>(includes speakers and Organizing Committee members)</small>	FREE	FREE	FREE
<input type="checkbox"/> Exhibit Booth Personnel <small>Limit one per booth.</small>	FREE	FREE	FREE
Exhibitor ID# Required: _____			

<p>Included in the fees for this Symposium are:</p> <ul style="list-style-type: none"> • Wednesday Luncheon, Sept 7 • Wednesday evening networking reception, Sept 7 • Thursday Luncheon, Sept 8 • Friday Luncheon, Sept 9 <p>For all attendees: ___ Please reserve me a ticket (no charge) for the Thursday Gala Dinner, Sept 8 (hosted by Infineon)</p> <p>For technical program participants only: ___ Please reserve me a ticket (no charge) for the Tuesday Speakers' Dinner, Sept 6 (hosted by AXEON)</p>	<p>TOTAL ENCLOSED</p> <p>\$ _____</p>
--	--

3 PAYMENT Method

<input type="checkbox"/> Check - Make check payable to "SAE" <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express See Conditions of Sale Card No. _____ Exp. Date _____ Cardholder Signature _____ Remit in U.S. Funds only For Bank Wire information, visit http://www.sae.org/products/ordinfo.htm#payment
--

 SAE will do what is feasible to make its events reasonably accessible to attendees. If you have special accommodation needs, please let us know in advance by checking the box below and attaching a brief description of how we can serve you better. Accommodations requested on site will be provided only if possible for us to do so on short notice.
 YES, I require special assistance.

Conditions of Sale: Payment must accompany this form by pre-registration date. Registrations received after August 19, 2005 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 Tuesday, August 16, 2005. A \$50 processing fee will be assessed for each canceled registration that results in a refund. Refunds for special event/meal tickets will not be processed after Monday, August 15, 2005. Refunds will not be issued if cancellation occurs on or after Tuesday, August 16, 2005.

Phone Credit Card Registrations to:
724/776-4970 or 877/606-7323

Fax Credit Card Registrations to: **724/776-0790**

Mail Check to: **SAE International**
PO Box 79572
Baltimore, MD 21279-0527 (USA)