

I wish to register for:

2004S06: Nanotechnology

LOCATION: :

Carnegie Mellon University
5000 Forbes Ave.
Pittsburgh, PA

1 ATTENDEE INFORMATION

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
- Tier 1 Supplier/ Systems Integrator
- Other Supplier
- Government
- Educational System
- Other (please specify): _____

My primary job function is (check ONE):

- Product Development
- Manufacturing
- Purchasing, Sales, Marketing
- Maintenance, Repair
- Disposal, Recycling
- Other (please specify): _____

My industry is (check ALL that apply):

- Aerospace
- Commercial
- Military
- Regional
- Space
- Automotive
- Heavy Duty
- Agricultural
- Heavy Truck
- Industrial
- Medium Truck
- Military
- Other (please specify): _____

My focus is (check ONE):

- Bodies/Structures
- Emissions/ Environment
- Fuel & Fuel Delivery
- Interiors
- Lighting - interior/exterior
- Lubricants
- Materials
- Modeling/ Simulation
- Fuel Cell
- Software & Software Engineering
- Styling/Design
- Testing
- Other (please specify): _____

2 FEE STRUCTURE

To attend this Symposium, the fees will be:

	By 4/30/04	After 4/30/04	
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 Luncheon
- Wednesday Luncheon
- Tuesday Evening Networking Reception
- Wednesday Tour of Seagate

TOTAL ENCLOSED	\$ _____
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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/symposia.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 29, 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 28, 2004**. Refunds will not be issued if cancellation occurs on or after **Thursday, April 29, 2004**.