

I wish to register for:

- 2004TT03: Statistical Energy Analysis (SEA) Symposium**
May 12-13, 2004

LOCATION: This Symposium will be held at:

MSU Management Education Center
811 West Square Lake Road
Troy, MI 48098

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 _____

Business Name _____

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

My primary job function is (check ONE):

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

My industry is (check ALL that apply):

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

My focus is (check ONE):

- Drivetrain Propulsion
 Electronics Compression Ignition
 Modeling/Simulation Propellor
 Motorsports Spark Ignition
 Noise/Vibration/ Harshness Other
 Steering/Suspension
 Testing
 Vehicle Dynamics

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

*Exhibitor ID# Required: _____
Limit one per booth.*

Included in the fee for this Symposium are:

- Wednesday Continental Breakfast
- Thursday Continental Breakfast
- Wednesday Luncheon
- Thursday Luncheon
- Wednesday Evening Networking Reception

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 **Friday, April 23, 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 **Friday, April 23, 2004**. Refunds will not be issued if cancellation occurs on or after **Friday, April 23, 2004**.