

I wish to register for:

- 2004S10:** SAE Aerospace Friction Stir Welding
Symposium: June 10-11, 2004

LOCATION: This SYMPOSIUM will be held at:

Hyatt Regency
Albuquerque, NM
June 10-11, 2004

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 _____



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.**

I am employed by:

- OEM/Prime
 Tier 1 Supplier/Systems Integrator
 Other Supplier
 Government
 Educational System
 Other

My Primary Job Function Is:

- Maintenance, Repair
 Manufacturing
 Marketing/Sales
 Product Design

My Focus Is:

- Bodies/Structures
 Electronics
 Human Factors/Ergo.
 Maintenance
 Manufacturing/Production

I am involved in:

- Product Development
 Manufacturing
 Purchasing, Sales, Marketing
 Maintenance, Repair
 Disposal, Recycling
 Other

- Purchasing
 Quality Control/Assurance
 Research & Development
 Other (Please specify) _____

- Materials
 Modeling/Simulation
 Styling/Design
 Other

2 FEE STRUCTURE

To attend this SYMPOSIUM, the fees will be:			
	By 5/28/04	After 5/28/04	
Member	\$600	\$700	\$ _____
Non-member	\$700	\$800	\$ _____
Exhibit Booth Personnel	FREE	FREE	FREE
Exhibitor I.D.# required _____ Limit 1 per booth			
Participant Speaker	\$0	\$0	FREE
Included in the fees are:			
Luncheons - Thursday & Friday			
Evening Reception - Thursday			
Tour of Eclipse Aviation; June 11th \$15 <i>(limit 50 registrants)</i>			\$ _____
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

Conditions of Sale: Payment must accompany this form. Registrations received on or after **May 28, 2004**, will automatically be charged the onsite price. **NO CHILDREN UNDER THE AGE OF 16 PERMITTED.** All cancellations must be in writing and received by SAE prior to **May 28, 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 **May 18, 2004.** Refunds will not be issued if cancellation occurs on or after **May 28, 2004.**

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

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