



CALPHAD Meeting Registration Form



May 6-11, 2007
State College, Pennsylvania, USA

Please fill and return by e-mail.

Please note that this is how you will be indicated on your badge and the list of participants.

Registration Form

Last name: _____ First name: _____
Title: Prof. Dr. Other: _____ Mr. Ms. Mrs.
Organization: _____
Address: _____
Postal code: _____ City: _____ Country: _____
Telephone: _____ Fax: _____ E-mail: _____

Guest information

Last name: _____ First name: _____
Title: Prof. Dr. Other: _____ Mr. Ms. Mrs.
Special dietary requirements: _____

Registration Fees

Conference fees include five nights room (May 6 to May 10, 2007), welcome reception, all meals from breakfast of May 6 to lunch of May 11 with wine/local beer, the conference excursion, and scientific or accompanying person programs.

	Before January 15, 2007	January 16-March 31, 2007
Conference fee	\$950/person, \$760 when sharing a room	\$1090/person, \$900 when sharing a room
Accompanying guest fee	\$1550 for one registrant and one accompanying person	\$1800 for one registrant and one accompanying person

Sharing a room with: Last name: _____ First name: _____

There will be no on-site registration. The deadline for registration is March 31, 2007. Those taking care of sleeping accommodations themselves can register for \$600 per participant.

Payment

Payment information

Conference fee: _____ Applied for the CALPHAD-STT Scholarship
Accompanying guest fee: _____
Total fees: _____

Payment method (select one)

- Credit Card To be made online at <http://www.calphad.org/creditcard/creditcard.html>
- Check M&T Bank, College Avenue Branch, 234 East College Avenue
State College, PA 16801
Account No. 9841803332
- Bank Transfer Routing 031302955
Account 9841803332
CHIPS/ABA 0555
SWIFT code MANTUS33

Contact Information

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