

CENTER FOR DIELECTRIC STUDIES

FALL 2002 MEETING

University of Missouri-Rolla, Rolla, MO

October 30-31, 2002

REGISTRATION FORM

TO REGISTER FOR MEETING, PLEASE FILL OUT THE FORM BELOW AND RETURN IT TO:

Patty Smith
Electronic Materials Applied Research Center, 303 Materials Research Center
University of Missouri-Rolla, Rolla, MO 65401 USA
PHONE: (573) 341-6265 FAX: (573) 341-6151 EMAIL: psmith@umr.edu

Name: _____ Affiliation: _____

Name as you would like it to appear on name tag (if different than above): _____

Address: _____

Phone: _____ Fax: _____ e-mail: _____

I will attend: Industrial Advisory Board Meeting (Thursday — **Members Only**) Yes No

†Meals: Lunch (Wednesday) Yes No
Dinner (Wednesday) Yes No
Lunch (Thursday) Yes No

Registration fee: Members: \$200 Non-members: \$300

_____ I have enclosed my check (payable to University of Missouri-Rolla)
_____ Please charge my credit card (we accept Visa or Mastercard only will show on your statement as St. Louis Section)

Credit card information: Type: Visa _____ Mastercard _____

Card No.: _____ Exp. Date: _____ Signature: _____

Hotel: A block of rooms has been reserved for the nights of October 29 and 30 at the following hotels:

Drury Inn 2006 N. Bishop Ave. Rolla, MO 65401 Tel: (573) 364-1000	Cost per night: \$49.99/single + tax \$59.99/double + tax *Reservation Deadline is Oct 15, 2002 Check-in: 3:00 p.m.; Check-out: Noon Refer to UMR-CDS Group	Hampton Inn 2201 N. Bishop Ave. Rolla, MO 65401 Phone: (573) 308-1060	Cost per night: \$62/single + tax \$72/double + tax *Reservation Deadline is Oct 5, 2002 Check-in: 3:00 p.m.; Check-out: 11:00 Refer to UMR-CDS Group
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IF YOU NEED A HOTEL RESERVATION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Arrival Date: _____ Occupancy: Single _____ Double _____

Departure Date: _____ Smoking _____ or Non-smoking _____

Please provide **credit card** information to guarantee for late arrival: Same as above: _____

If different: Card Type: Visa _____ Mastercard _____ American Express: _____

Card No.: _____ Expiration Date: _____

**If you have not pre-registered by the cut-off date, we cannot guarantee accommodations.
† If you require vegetarian or have other special dietary needs, please indicate.*