



Pan American Group Regional Conference



Hyatt Regency Bellevue, Washington, USA

September 19-22, 2010

ATTENDEE REGISTRATION

PARTICIPANT INFORMATION

Dr. Ms. Last Name: _____ First Name: _____ M.I. _____

Mr. _____

Mrs. Organization: _____ Position: _____

Address: _____
Street City

State Country Postal Code

Phone: _____ Fax: _____

E-mail: _____ Names of Accompanying Person(s): _____

REGISTRATION FEES

	On or Before June 11, 2010	After June 11 & On-Site	Payment
<input type="checkbox"/> IOA membership (Discounted rates to all IOA conferences and publications and subscription to <i>Ozone Science & Engineering</i> and <i>Ozone News</i> .) see www.io3a.org	**See IOA website for membership fees** <i>Type of membership</i> _____		_____
<input type="checkbox"/> Member - Full Registration - Add \$150 for Non-member (Incl. Technical sessions, proceedings, 2 receptions, 2 lunches, & banquet)	\$450	\$550	_____
<input type="checkbox"/> Member - Student Full Registration - Valid Student ID required. (Incl. Tech. sessions, 2 reception & 2 lunches) - Add \$75 Non-member	\$225	\$275	_____
<input type="checkbox"/> Member - One Day Registration, Monday ___ Tuesday ___ (Includes Tech. sessions, exhibits and lunch) - Add \$75 for Non-Member	\$225	\$275	_____
<input type="checkbox"/> Exhibits Only, Monday ___ Tuesday ___	\$25/day	\$30/day	_____
<input type="checkbox"/> Sunday Ozone Basics Workshop - Add \$50 Non-member	\$175	\$175	_____
<input type="checkbox"/> Wednesday Operations Workshop	\$130	\$130	_____
<input type="checkbox"/> Wednesday Technical Tour: Municipal Water (Includes transportation, box lunch & optional Airport drop-off)	\$50	\$70	_____
<input type="checkbox"/> Accompanying person registration, with Full Registration (Includes 2 receptions, all exhibits and banquet. Lunches purchased separately. Accompanying persons that wish to attend technical sessions must purchase a full registration.)	\$175	\$225	_____
<input type="checkbox"/> Additional Sunday Opening Reception Tickets Qty: _____	\$55	\$70	_____
<input type="checkbox"/> Additional Monday Exhibitor Reception Tickets Qty: _____	\$55	\$70	_____
<input type="checkbox"/> Additional Tuesday Banquet Tickets Quantity: _____	\$80	\$95	_____
<input type="checkbox"/> Additional Lunches, Enter Quantity per Day: M ___ T ___	\$50	\$60	_____
<i>Shaded Items are Optional Additional Programs</i>		TOTAL:	_____

METHOD OF REGISTRATION PAYMENT

Registration forms **MUST** be accompanied with payment to be processed.

Personal Check Company Check *Make checks payable to IOA - PAG in U.S. Funds.*

MasterCard/Visa American Express Discover

Billing Address _____

Credit Card No. _____ Expiration Date _____

Signature _____

Cancellation policy: Full refunds will be provided if notified before July 23, 2010; a 50 percent refund will be provided if notified by August 27, 2010; and no refund will be provided after August 27, 2010.

To submit registration, complete this form and fax/mail with payment to:

IOA - PAG 2010 Conference
PO Box 28873
Scottsdale AZ 85255
Fax: 480-473-9068
infO3zone@io3a.org

Visit <http://www.io3a.org>
to register online

Questions? Call 480-529-3787