PARTICIPANT REGISTRATION AND ACCOMMODATION FORM

Workshop on the Advanced Methods in X-ray Diffraction Analysis

May 12-17, 2003
Amherst (North) Campus, UB SUNY@Buffalo, Buffalo, New York, USA

IMPORTANT INFORMATION:
1. Deadline for Registration is 1 March 2003. Late registrants cannot be guaranteed acceptance and accommodation.
2. The number of participants in the workshop is limited to about forty (40).
3. FOR STUDENTS ONLY (!): If you do not have a credit card, contact us for other arrangements by sending an e-mail to chem9988@acsu.buffalo.edu

Name (as to appear on the badge):
Affiliation:
Address:
E-mail:
Arrival:
Departure:

MOTEL 6 Accommodation (all rooms have two beds and are non-smoking) $_____
Option 1: Sharing with one other participant at $20 per room per night
Name of the other person (if known):
Option 2: Single occupancy at $36.00 per room per night
Name of accompanying non-participant person (if any):
Workshop Registration Fee (MANDATORY) $_____
Regular fee $100
Student fee $50
If student, specify your faculty advisor:

Welcome Reception, Monday, 12 May (FREE)
7-10 p.m. Please check box if you are planning to attend
Niagara Falls Tour at $30 per person (OPTIONAL) $_____
What day would you prefer: Wednesday afternoon, 14 May
or
Saturday morning, 17 May
Informal Dinner, Thursday, 15 May, $15 per person (OPTIONAL) $_____

We expect other meals to be catered by University Food Services at a reasonable price. There are some restaurants on Campus and in the motel area. The motel is in walking distance (less than one mile) from the Chemistry Department, where lecture and terminal rooms are located.
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♦ Your experience with the XD package (important for organization of the XD tutorial session):
  - Advanced
  - Beginner

♦ If you are an advanced XD user, what topics would you prefer to hear more about at the workshop?
  ———
  ———
  ———

♦ Do you wish to give a poster presentation?  
  - YES  
  - NO

  Title of the abstract:
  ———
  ———
  ———

  E-mail your abstract to Irina Novozhilova at chem9988@acsu.buffalo.edu

Total Payment Due From Page 1:  

$____

Payment to be credited to the American Crystallographic Association which has agreed to act as a clearing house.

Credit Card Information

- [ ] VISA
- [ ] MasterCard
- [ ] American Express

  Card Number: ————
  Expiry date: ————
  Name on Card: ————
  Signature: ————

Note: Please FAX the completed form to +1 716 645-6948.