

REGISTRATION FORM

Please complete and return this form along with your payment to: ICOMP 2005 Secretariat,
 National Research Council of Canada,
 1200 Montreal Road, Bldg. M-19
 Ottawa ON Canada K1A 0R6
 Tel.: (613) 993-9431
 Fax: (613) 993-7250

Form Navigation

Use TAB key to move from field to field

A. GENERAL INFORMATION (Please type or print clearly)

LAST NAME		FIRST NAME	
TITLE / POSITION			
AFFILIATION			
MAILING ADDRESS			
CITY		PROVINCE / STATE	
COUNTRY		POSTAL / ZIP CODE	
TELEPHONE ()		FAX ()	
E-MAIL ADDRESS			

PLEASE NOTE: In order to facilitate networking amongst delegates, your name and coordinates will appear on the 10th International Conference on Multiphoton Processes (ICOMP 2005) Participant List. If **YOU DO NOT WISH** to have your information made available, please let us know **by checking** the box below:

I **do not** wish to have my name or coordinates appear on the ICOMP 2005 Participant List.

B. SPECIAL DIETARY REQUIREMENTS

Please note any special dietary requirements (e.g. vegetarian) or any food allergies _____

C. REGISTRATION FEES

PLEASE NOTE: Conference registration fees **do not** include Hotel Registration. Visit the **ICOMP 2005 Website** for further details:
<http://www.icomp2005.org>

	BEFORE September 15, 2005	AFTER September 15, 2005	
REGULAR PARTICIPANTS	F1 <input type="checkbox"/> \$500.00 CAD	F2 <input type="checkbox"/> \$600.00 CAD	\$ _____
POST DOCTORAL and STUDENTS*	S1 <input type="checkbox"/> \$350.00 CAD	S2 <input type="checkbox"/> \$450.00 CAD	\$ _____
*The following statement must be completed. I certify that _____ is a student currently working towards a recognized degree. Name and ID number please			
Department Chair's Signature: _____		Date: _____	

D. METHOD OF PAYMENT (\$ CAD)

I have noted the terms and conditions and accordingly make payment for registration to the **ICOMP 2005**

>Credit Card:			
Please charge the total amount above to the following credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Name (as it appears on card) _____			
Card Number _____ - _____ - _____ - _____			Expiry Date : Month ____ / Year : ____
Signature _____			
>Cheque (enclosed):			
Please make cheque payable to the "Receiver General for Canada (ICOMP 2005)"			
>For all Federal Government Employees - FINANCIAL INFORMATION STRATEGY (FIS):			
ORGANIZATIONAL	DEPARTMENTAL	INTERDEPARTMENTAL SETTLEMENT	
CODE: _____	CODE: _____	CODE: _____	
NAME OF FINANCE OFFICER _____		FAX _____	

Cancellation and Refunds: Participants may withdraw their application in writing to the Conference Secretariat prior to **September 15, 2005**.
 All cancellations will be subject to a \$75 CAD administration fee. No refunds after **September 15, 2005**.
 REGISTRATION WILL BE CONFIRMED BY MAIL, FAX OR E-MAIL