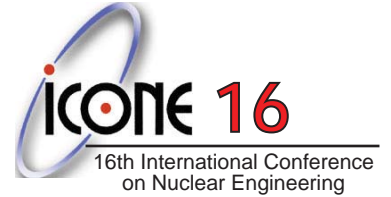


# 2008 16<sup>th</sup> International Conference on Nuclear Engineering (ICONE-16)

May 11 - 15, 2008 \* Disney's Contemporary Resort \* Orlando, FL

## ADVANCE REGISTRATION FORM



First name \_\_\_\_\_ Last name \_\_\_\_\_

Name as preferred on badge \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

ASME Member Nr.: \_\_\_\_\_ Cooperating Society (if applicable): \_\_\_\_\_

Online Registration:  
<http://www.asmeconferences.org/icone16>

Fax Registration: +1 407 366 4138

Mail Form to: ICONE 2008  
 c/o Registration Systems Lab  
 779 East Chapman Road  
 Oviedo, FL 32765 USA

For Questions: +1 407 971 4451  
[mandy.mann@regmaster.com](mailto:mandy.mann@regmaster.com)

Age range:  22-30  31-45  46-60  61+ Emergency Contact: \_\_\_\_\_

In accordance with the American Disabilities Act, if you have any special needs, please contact Erin Dolan at [dolane@asme.org](mailto:dolane@asme.org).

**NOTE:** To qualify for discounted registration fees below, you must be a member of ASME or one of the cooperating societies.

REGISTRATION FEES in U.S. DOLLARS: (Please circle <u>one</u> category)	On or Before 14 April 2008		After 14 April 2008 &			
	Full	One-Day	Full	One-Day		
ASME Member .....	725	365	830	515	=	\$ _____
Author/Presenter (Paper Nr.*: _____) .....	725	365	830	515	=	\$ _____
Non-Member .....	830	515	955	665	=	\$ _____
ASME Life Member / Retired** .....	130	130	130	130	=	\$ _____
ASME Student Member** .....	250	n/a	300	n/a	=	\$ _____
Student Non-Member** .....	350	n/a	400	n/a	=	\$ _____

One-Day Registrants (Please select a day):  Monday  Tuesday  Wednesday  Thursday

AFFILIATED EVENTS at ICONE16:	On or Before 14 April 2008	After 14 April & Onsite		
Student Workshop - Introduction to CFD (Sunday, <i>space is limited</i> ) .....	n/c	n/c		
- Please choose one: <input type="checkbox"/> 9 am - 12 pm <input type="checkbox"/> 1 pm - 4 pm				
Workshop - Computational Fluid Dynamics (Sunday) .....	50	75	=	\$ _____
Workshop - Engineering Reliability & Life Cycle Mgmt (Sunday) .....	50	75	=	\$ _____
Early Career Technical Seminar (Monday/Tuesday) .....	295	395	=	\$ _____
- Upgrade to include full access to all ICONE sessions .....	825	930	=	\$ _____

Boxed Lunches<sup>†</sup>:  Monday  Tuesday  Wednesday  Thursday ..... x 15 = \$ \_\_\_\_\_

Guest Ticket(s) for Opening Exhibit Reception and Conference Banquet: ..... Additional Ticket(s) ..... x 75 = \$ \_\_\_\_\_

<sup>†</sup> Boxed Lunches will be available on-site at \$20 each.

TOTAL ENCLOSED: \$ \_\_\_\_\_

**Full Registration Fee** includes a CD-ROM of Conference Proceedings (all published papers) and entrance to the Opening Exhibit Reception and Conference Banquet.

**One-day Registration Fee** includes a CD-ROM of Conference Proceedings and admission to technical sessions for one day only.

\***Author/Presenter** MUST include an ICONE16 Paper Number to qualify for the Author/Presenter rate.

\*\***Life Member/Retired, Student Member or Student Non-Member Fees** includes a CD-ROM of Conference Proceedings and admission to technical sessions.

**Cancellations:** Authors/Presenters may NOT cancel their registration after March 17, 2008. Cancelling prior to March 17, 2008 will result in the author's or presenter's paper being pulled from the conference proceedings. All other attendees may cancel their registration prior to April 1, 2008. All cancellations are subject to a processing fee. No shows are not refundable and are liable for the full registration fee. Instead of cancelling, your registration may be transferred by giving a colleague a written authorization.

Forms without payment will NOT be processed.  
 Make checks in U.S. Dollars payable to **ASME / ICONE 2008**.  
 Visa, MasterCard, American Express, Diner's Club or Discover payments will be described on your monthly statement as a charge from **ASMECONFERENCES**.  
 Your signature indicates your agreement to pay the fees with the credit card number provided below:

Card Nr. \_\_\_\_\_ Card Code\*\* \_\_\_\_\_ Expires \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_  
 \*\* Required: last 3-digit code on back of Visa/MasterCard signature tape, or 4-digit code on front of American Express above card number.