

# 2009 ASME Pressure Vessels and Piping Conference

July 26 - 30, 2009 \* Prague Hilton \* Prague, Czech Republic

## 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): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Nr.: \_\_\_\_\_

- In accordance with the American Disabilities Act, if you have any special needs, please contact Melissa Torres at [torresm@asme.org](mailto:torresm@asme.org).
- I do not wish to receive any promotional and/or marketing material and do not grant permission to provide my name or contact information to any vendors or third parties.

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

Online Registration:  
<http://www.asmeconferences.org/pvp09>

Fax Registration: +1 407 366 4138

Mail Form to:  
PVP 2009  
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)

For Wire Transfer information, please contact  
Melissa Torres at [torresm@asme.org](mailto:torresm@asme.org).

REGISTRATION FEES in EUROS: <i>(Please circle one category)</i>	On or Before 20 July 2009		After 20 July 2009 & Onsite			
	Full	One-Day	Full	One-Day		
ASME Member .....	525	430	625	460	=	€ _____
Author/Panelist .....	525	430	625	460	=	€ _____
Cooperating Society Member .....	525	430	625	460	=	€ _____
Session Chair / Vice Chair .....	525	430	625	460	=	€ _____
Non-Member .....	665	470	765	500	=	€ _____
ASME Life Member / Retired* .....	50	n/a	50	n/a	=	€ _____
ASME Student Member** .....	n/c	n/a	n/c	n/a	=	€ _____
Student Non-Member** .....	40	n/a	40	n/a	=	€ _____

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

1. Panoramic Tour of Prague (Monday): .....	_____ Ticket(s) .....	x 25	=	€ _____
2. Konopiste Castle Tour (Tuesday): .....	_____ Ticket(s) .....	x 50	=	€ _____
3. Czech Reception & Concert (Wednesday Social Event): .....	_____ Adult Ticket(s) .....	x 60	=	€ _____
<i>Please select one:</i> <input type="checkbox"/> Bohemian Duck <input type="checkbox"/> Grilled Salmon <input type="checkbox"/> Vegetarian	_____ Under 12 years .....	x 30	=	€ _____
4. Honors Luncheon (Wednesday): .....	_____ Additional Ticket(s) .....	x 40	=	€ _____

Guest Program / Nr. of Guests: \_\_\_\_\_ Sub-total: € \_\_\_\_\_

Full Name of Guest(s): \_\_\_\_\_ Czech VAT (19%): € \_\_\_\_\_

TOTAL ENCLOSED: € \_\_\_\_\_

*An official VAT receipt will follow*

Full Registration Fee includes a CD-ROM of Conference Proceedings (all published papers) and one ticket for the Honors Luncheon.

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

\*Life Member/Retired Member Fees do not include a coupon for the Conference Proceedings or a ticket for the Honors Luncheon.

\*\*Student Member or Student Non-Member Fees include a coupon for the Conference Proceedings and a ticket for the Honors Luncheon.

All cancellation requests must be made in writing and faxed or postmarked by July 20th, 2009. Please note all cancellations will be subject to a €100 processing fee. Refunds will be made within four weeks of the end of the conference. Cancellations will not be accepted after July 20th, 2009. "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 EUROS payable to [ASME / PVP](#).

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.