

Registration Form

Environmental Measurement Symposium

August 5 – 9, 2013

San Antonio, TX

Name: _____
As it will appear on your name badge

Special Needs: _____
(e.g., dietary, hearing devices, etc.)

Organization: _____

This is my first time to attend these meetings.

Address: _____

I will be accompanied by a guest or my spouse.

City: _____ State: _____

Zip: _____ Country: _____

Telephone: _____

Email: _____

Symposium Registration ¹	Full Conference	Daily	Select Day(s)	Total
Attendee Registration	<input type="checkbox"/> \$495	<input type="checkbox"/> \$215	M T W Th F	
Participant ²	<input type="checkbox"/> \$375	<input type="checkbox"/> \$165	M T W Th F	
EPA Employee	<input type="checkbox"/> \$300	<input type="checkbox"/> \$140	M T W Th F	
Student	<input type="checkbox"/> \$170	<input type="checkbox"/> \$ 70	M T W Th F	
Late Fee (<i>After July 15</i>)	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 75		
Training Courses (See conference brochure for more details)			Fee	
Powerful Communications – Public Speaking for Scientists			<input type="checkbox"/> \$215	
Implementing the 2009 TNI Standard in Your Laboratory			<input type="checkbox"/> \$225	
NEFAP as seen through the FOG - Quality for Field Operations			<input type="checkbox"/> \$165	
Late Fee (<i>After July 15</i>)			<input type="checkbox"/> \$ 75	
Join or Renew TNI Membership			Fee	
One-year			<input type="checkbox"/> \$50	
Three-years			<input type="checkbox"/> \$135	

Notes:

1. Symposium registration includes participation in all meetings, all printed materials, continental breakfasts, and lunches on Tuesday through Thursday. Training fees are separate.

2. A Participant is an NEMC Session Chair, a speaker at NEMC, or a member of a TNI Committee or Board.

CANCELLATION: If you cannot attend, notification must be received by August 1. You may either send a substitute or receive a refund, less a \$75 administrative fee.

Payment Options

Purchase Order #: _____

Pay at Event

Check: Make payment in U.S. Currency to The NELAC Institute

Visa Master Card American Express

Card #: _____

Expires: _____

Name: _____

Print name as it appears on the card

Send Payment & Registration Form to:

The NELAC Institute
P. O. Box 2439
Weatherford, TX 76086-0822

817-598-1624 FAX 817-423-6777

or Register on-line at:

www.nelac-institute.org or www.nemc.us

or email to:

jerry.parr@nelac-institute.org

Tax ID #: 81-0554715