NCSL International 2003 Workshop and Symposium
Tutorial Registration

August 16, 17, and 22, 2003, Tampa, FL

(Conference language: English; Conference currency: USD)

Registration Options

Register On-Line at www.ncsli.org	Fax Credit Card Registrations to: (303) 440-3384 Tel (303) 440-3339	Or Mail Check or Credit Card Registrations to: NCSLI 1800 30th St., Ste. 305B Boulder, CO 80301-1026	(Please provide both Codes:) Job Code: [____] Industry Code: [____] (See Legend below for Codes)

Tutorial Dates & Fees			Member/Non-Member	After 6/27/03
❑ **An Introduction to Measurement Uncertainty**	Sat Aug 16	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Accreditation: View by a Lead Assessor**	Sun Aug 17	8:00 am – 12:00 pm	$ 100/130	$ 120/150
❑ **The Fundamentals of Pressure Metrology**	Sun Aug 17	8:00 am – 12:00 pm	$ 100/130	$ 120/150
❑ **Good, Bad, or Indeterminate: Using Guardbands to Help Make the Call**	Sun Aug 17	8:00 am – 12:00 pm	$ 100/130	$ 120/150
❑ **Temperature Calibration: Systems & Turnkey Solutions**	Sun Aug 17	8:00 am – 12:00 pm	$ 100/130	$ 120/150
❑ **Weighing In on Mass**	Sun Aug 17	8:00 am – 12:00 pm	$ 100/130	$ 120/150
❑ **Laboratory Compliance with ISO/IEC 17025 – Keeping It Simple!**	Sun Aug 17	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Gas Flow Measurements**	Sun Aug 17	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Estimating the Uncertainties in Deadweight Piston Gauge Pressure Measurements**	Sun Aug 17	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Introduction to Sound Measurements and Microphones**	Sun Aug 17	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Force Calibration: Methods and Uncertainties**	Sun Aug 17	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Humidity Measurements**	Sun Aug 17	1:00 pm – 5:00 pm	$ 100/130	$ 120/150
❑ **Running an Effective Laboratory – Measuring Performance**	Fri Aug 22	8:00 am – 12:00 pm	$ 100/130	$ 120/150
❑ **Interlaboratory Comparisons: Their Use for Proficiency Testing, Uncertainty Statements, Traceability and More!**	Fri Aug 22	8:00 am – 12:00 pm	$ 100/130	$120/150
❑ **Basics of Vibration, Shock, Accelerometers and their Calibration**	Fri Aug 22	8:00 am – 12:00 pm	$ 100/130	$120/150

Registrant Information (Please Print or Type)

First Name: _____ Organization: _____
Last Name: _____ Mail Stop: _____
Job Title: _____ Dept. / Div. / Lab: _____
Telephone No.: _____ Address: _____
Fax No.: _____ City: _____
E-mail: _____ State / Province: _____
❑ Member Zip+4 / Postal Code: _____
❑ Non-Member ☐ please contact me with membership info Country (if not USA): _____
❑ Please do not add my name to your mailing list.

Special Accommodations

❑ Please check here if you require special ADA accommodations and attach a written description so we may serve you.

Credit Card Information (Please Print or Type)

❑ VISA ❑ MasterCard ❑ American Express Card #.: __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Exp. Date: ____/____

Full Name as it appears on Card: _____ Signature: _____ Date: __/__/__

Job Codes

(A) Administration
(C) Consultant
(E) Education
(G) Engineer
(M) Manager
(O) Owner
(P) Professor
(Q) Quality
(S) Senior Management
(D) Student
(T) Technician

Industry Codes

Industry

(AE) Aerospace
(AU) Automotive
(CH) Chemical Industry
(CL) Commercial Lab
(CG) Consulting
(CP) Corporate Lab
(EL) Electronics
(PH) Pharmaceutical/Healthcare
(MG) Manufacturing

Government

(G1) DOC
(G2) DOD
(G3) DOT
(G4) NASA
(G5) Other: _____

Education

(C) Community College
(PC) Private College
(T) Technical College
(U) University

Cancellation Policy

Full Tutorial Fees will be refunded **IF WRITTEN NOTICE IS RECEIVED** (by fax or mail) BY JULY 11, 2003. Registrants who fail to attend and do not cancel prior to JULY 11, 2003 will be liable for a 50% cancellation fee.
You may transfer your paid Registration to another individual from your organization to attend in your place without penalty. **WRITTEN AUTHORIZATION FOR THIS SUBSTITUTION IS REQUIRED**. Please mail or fax written notice of substitution to the NCSLI Business Office to arrive in advance of the Conference.

For NCSL Use Only

Registration Rec'd.: ___/___/___ CK # / CC App #: _____ CK / CC App Date: ___/___/___
Payment Rec'd.: ___/___/___ PO / Inv. #: _____ Amount: $_____ Entered: ___/___/___