NCSL International 2003 Workshop and Symposium
Guest Registration

August 17-21, 2003 Tampa, FL

(Conference language: English; Conference currency: USD)

Registration Options

Register On-Line @ www.ncsli.org	Fax Credit Card Registrations to: Fax (303) 440-3384 Tel (303) 440-3339	Or Mail Check or Credit Card Registrations to: NCSL International 1800 30th St., Ste. 305B Boulder, CO 80301-1026

Guest Program Dates & Fees

Badges are required at all NCSLI events.

❑ **Evening Reception**	Sun	Aug 17	7:00 pm – 9:00 pm	N/C
❑ **Orientation and Continental Breakfast**	Mon	Aug 18	7:30 am – 8:30 am	N/C
❑ **Salvador Dali Museum/Dish Restaurant/St. Pete Pier**	Mon	Aug 18	8:45 am – 3:40 pm	$ 60
❑ **Tarpon Springs Tour**	Tue	Aug 19	8:45 am – 3:40 pm	$ 35
❑ **Conference Reception & Banquet "The British Invasion"**	Tue	Aug 19	6:00 pm – 9:30 pm	$ 75
❑ **International Event – Tampa Bay Dinner Cruise aboard Starlite Majesty**	Wed	Aug 20	5:30 pm – 10:30 pm	$ 50
Lunch tickets to the Workshop and Symposium:				
❑ **Lunch Janusz Lusztyk, Director General, Institute for National Measurement Standards, Canada**	Mon	Aug 18	12:15 pm – 1:45 pm	$ 25
❑ **Lunch Member Delegates Meeting**	Tue	Aug 19	12:15 pm – 1:45 pm	$ 25
❑ **Lunch Tim Gard – "Developing a Cosmic Vision"**	Wed	Aug 20	12:15 pm – 1:45 pm	$ 25
❑ **Lunch Doug Stevenson – "Get Over It!!!"**	Thu	Aug 21	12:15 pm – 1:45 pm	$ 25

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: _____

Name of your Host: _____ Zip+4 / Postal Code: _____

Your Host's Phone No. _____ Country (if not USA): _____

Special Accommodations

❑ Please check here if you require special ADA, wheelchair, or dietary needs, and attach a written description so we may serve you.
Please note the only alternate meal option offered at this time is a vegetarian plate.

Credit Card Information (Please Print or Type)

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

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

Cancellation Policy

Full Guest Program 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 Guest Program Registration to another individual 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 by July 25, 2003. NCSLI Reserves the right to cancel any of the Guest Program events if the number of registrations are below the contracted minimum with the tour company.

For NCSLI Use Only

Registration Rec'd.: / / CK # / CC App #: _____ CK / CC App Date: / /

Payment Rec'd.: / / PO / Inv. #: _____ Amount: $_____ Entered: / /