



NCSLI 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:
NCSLI International
1800 30th St., Ste. 305B
Boulder, CO 80301-1026

Guest Program Dates & Fees

Badges are required at all NCSLI events.

<input type="checkbox"/> Evening Reception	Sun	Aug 17	7:00 pm – 9:00 pm	N/C
<input type="checkbox"/> Orientation and Continental Breakfast	Mon	Aug 18	7:30 am – 8:30 am	N/C
<input type="checkbox"/> Salvador Dali Museum/Dish Restaurant/St. Pete Pier	Mon	Aug 18	8:45 am – 3:40 pm	\$ 60
<input type="checkbox"/> Tarpon Springs Tour	Tue	Aug 19	8:45 am – 3:40 pm	\$ 35
<input type="checkbox"/> Conference Reception & Banquet “The British Invasion”	Tue	Aug 19	6:00 pm – 9:30 pm	\$ 75
<input type="checkbox"/> 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:				
<input type="checkbox"/> Lunch Janusz Luszyk, Director General, Institute for National Measurement Standards, Canada	Mon	Aug 18	12:15 pm – 1:45 pm	\$ 25
<input type="checkbox"/> Lunch Member Delegates Meeting	Tue	Aug 19	12:15 pm – 1:45 pm	\$ 25
<input type="checkbox"/> Lunch Tim Gard – “Developing a Cosmic Vision”	Wed	Aug 20	12:15 pm – 1:45 pm	\$ 25
<input type="checkbox"/> 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 Group 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: ____/____/____