

SESHA 31st Annual Symposium Registration Form

SESHA Federal ID #
86-0455636

May 18-22, 2009 - Hilton Scottsdale

SESHA Stimulus – Reduced Registration – \$200 LESS than 2008

PLEASE PRINT CLEARLY

Name: (For Badge) _____ Member ID _____

Job Title: _____

Company: (For Badge) (Limit to 15 Characters and Spaces) _____

Mailing Address: (Include Full Name of Business Affiliation) _____

City: _____ State/Country: _____ ZIP/Postal Code: _____

Phone: _____ FAX: _____ Email: _____

Special Needs _____

	Before May 8	Onsite
<input type="checkbox"/> SESH A Member (Includes one night in conference hotel)	\$495	\$615
<input type="checkbox"/> SESH A Member (No hotel stay)	\$395	\$515
<input type="checkbox"/> Non-Member* (Includes one night in conference hotel)	\$625	\$745
<input type="checkbox"/> Non-Member* (No hotel stay)	\$525	\$645
<input type="checkbox"/> Full-Time Professor/Government Employee (No hotel included)	\$100	\$100
<input type="checkbox"/> Full-Time Student (No hotel included)	\$50	\$50
<input type="checkbox"/> One Day Member <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	\$200	\$250
<input type="checkbox"/> One Day Non Member <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	\$225	\$275

*Includes a 1 year 2009 SESH A Membership

Professional Development Courses, Tuesday, May 19

<input type="checkbox"/> PDC1 Bootcamp (Full Day)	\$200	\$300
<input type="checkbox"/> PDC2 Silane & Chlorosilane Safety (Full Day)	\$200	\$300
<input type="checkbox"/> PDC3 Sustainability (Full Day)	\$200	\$300
<input type="checkbox"/> PDC4 POU Abatement (Half Day)	\$100	\$150

LEED WORKSHOP, Monday, May 18

<input type="checkbox"/> Leed Workshop (Full Day)	Member/Non-member \$275/\$375
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Additional Activities

5K Run (Please preregister for this event) No Charge

5K Run T-SHIRT SIZE Small Medium Large X Large

Total Amount Due _____

PAYMENT – Made through Corporate Membership American Express VISA MasterCard

Card # _____ Exp Date _____

Cardholder Name _____ Signature _____

If paying by check please mail to SESH A, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101 or fax to 703-790-2672

All conference and PDC cancellations must be in writing and must reach the SESH A Office by April 17 to receive a refund. All refunds will be issued after the meeting and will be subject to a \$50 processing fee. Refunds will not be issued to no-shows.