Decommissioning Training Course

Oct. 30- Nov. 2, 2006
Homewood Suites Downtown
Salt Lake City, UT

REGISTRATION FORM

(Please Print or Type)

Name_____
(First) (Middle) (Last)

Organization_____

Title_____

Department_____

Business Address_____
(Street)

_____
(City) (State) (Zip Code) (Country)

Business Phone_____Fax_____
(Area Code) (Number) (Extension)

Citizenship_____

E-mail_____

I am attending this course as (Must Check One):

☐ A trainee

☐ An exhibitor

☐ Both a trainee and exhibitor

REGISTRATION FEE - to be paid in US dollars (USD)

____Registration fee (attendee) of $1,195 USD is enclosed.

____Registration fee (exhibitor) of $100 USD is enclosed.

Please make check payable to:
ARGONNE NATIONAL LABORATORY

___I will pay now with a credit card. ___Visa ____Master Card ___American Express

(Visa, Master Card, and American Express are the only cards accepted.)

Credit Card Number_____Expiration Date_____

Last three digits shown on reverse of credit card_____Signature_____

(If you wish to pay by credit card, please print this form and fax to number below.)

Other Method:

There are a number of alternative methods of payments that we do accept.

☐ Purchase Order ☐ NRC Form 368

☐ DOE SF 182

Fee Reduction:
Universities and other small businesses may qualify for a reduced rate. Please let us know if you believe that you or your company might qualify for these rates. Contact: Larry Boing (see contact information below).

Argonne Financial Info: Company Reference University of Chicago Operator of Argonne National Laboratory; **Tax ID** EIN: 36-2177138

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Comments:
Please enter any comments or special instructions you might have in the field below.

_____
_____
_____
_____
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Notes:

1. Before you submit this training course registration application, please **make sure that you have answered every question**. If you do not answer every question, your application may not be able to be processed in a timely manner.

2. Please fax or send the completed Registration Form to:

   Conference Services
   Argonne National Laboratory
   Building 201
   9700 South Cass Avenue
   Argonne, IL 60439
   Phone: 630.252.5586
   Fax: 630.252.5533

3. For questions or special requests:

   Larry Boing
   TC Director
   Argonne National Laboratory
   Building 208
   9700 South Cass Ave
   Argonne, IL 60439
   Phone: 630.252.6729
   Fax: 630.252.7577