The Air Force Research Laboratory is pleased to announce the following workshop:

HUMAN FACTORS ISSUES

in

COMBAT IDENTIFICATION

Workshop Chair – Dr. Dee Andrews, Sr. Scientist, AFRL-Human Effectiveness Directorate

&

IMAGERY ANALYSIS OF UNMANNED AERIAL VEHICLES

Workshop Chair – Dr. Nancy Cooke, Science Director, CERI, Inc.

3-day Workshop: May 13-15, 2008
Interactive Poster Session & Event Dinner: May 14, 2008
The Gold Canyon Golf Resort in Apache Junction, Arizona

WORKSHOP REGISTRATION FORM

CONTACT INFORMATION:

Name:	
Affiliation:	
Address1:	
Address2:	
City:	
State:	Zip:
Phone:	Fax:
Email:	
Special Meal Request: Vegetarian ☐ Other (please contact me) ☐	

FEES:

Workshop Registration:

	1 day	**2 day**	**3 day**
Please check			
Early (*before April 19, 2008*):	$100 ☐	$200 ☐	$275 ☐
After April 19th, 2008:	$125 ☐	$250 ☐	$350 ☐

Dinner Tickets: **# of tickets**

$25 Event Dinner on May 14, 2008   ☐

I plan to attend:

☐ **Combat Identification -** May 13-14, 2008
☐ **Imagery Analysis of UAV's** - May 15, 2008
☐ Interactive Poster Session on Wednesday, May 14, 2008
☐ Event Dinner - Wednesday, May 14, 2008

☐ Yes, I give permission to publish my contact information on an Attendee List distributed to workshop participants
☐ No, I **DO NOT** give permission to publish my contact information.

Workshop Refund Policy: A full refund less $5 processing fee if requested by April 19, 2008; 50% refund + $5 processing fee if requested before May 1, 2008 and NO refund for requests after May 1, 2008.

An event dinner will be held following the poster session. Guests are welcome, but will also require a ticket.

To pay by check: Send this form (& check) to Tonya Branaghan:
   C.E.R.I. 5810 S. Sossaman Drive, Ste. 106   Mesa, AZ 85212
Check enter Number_____   Please make check payable to:
      C.E.R.I. (Cognitive Engineering Research Institute)
Check here if you will be paying at the door: ☐

To pay by credit card: please fax or e-mail this form to:
      FAX: 480-988-3162   email: tbranaghan@cerici.org

Name (as it appears on card) _____
Card type: _____ Card #_____
Exp Date: _____ Security Code_____(3 or 4 digits from card)
Total amount to be charged: _____
Credit Card Billing Address: ☐ Same as above
Address1 _____
Address 2_____
City: _____   State: _____   Zip_____
Country_____