

# Nuclear 10 - ASME Nuclear Training Seminars Registration Form NOTE: All fields with \* are required. Complete form and fax to +1-212-591-7143

	PROFI LE
Title: (MR/MS/MRS/RANK)	
First Name:*	
Last Name:*	
Job Title: *	
Company: *	
Address:*	
City, State/Province:*	
Zip Code:	(Mandatory for USA and Canada)
Country:*	(Walldatory for OSA and Ganada)
Phone: *	
Fax:	
E-mail:*	
Are you a member of ASME?	C Yes C No
If Yes, please provide Member #:	
Is this your first time attending this p How did you hear about our program  ASME e-blast  Program Brochure  ASME  Publication Ad (Please specify:  Are you a member of the following or  ASME  ASME  ANS  NEI  None  Other	Web Site Colleague/Employer  Other (Please specify:)  ganizations? (Please select all that apply)*
Please indicate your primary business  Electric Utility  Nuclear Steam Supply Sy  Balance of Plant (BOP) E  Consultant  Engineering/Procuremen  Laboratory/Research and  Association/Non-Profit	quipment Supplier Government/Regulatory Agency Training Waste Management (HLW & LLW) OEM

		25 – 50	51 - 100	-	More than 500		Don't Know / Not Sure			
0	principal job function  Corporate Manageme  Design Engineer  Training (non-academ  Regulator  Other (please specify  w many years ha	nt C C iia) C C ave yo	Engineering Manage Operations Marketing and Sales Retired) u been employe	C C ed as an e			Research & Development QA/QC Consulting Academic Faculty			
Which category best describes your age? Under 35  Over 50 years  Not an engineer  Not an engineer										
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## NOTE:

PD 613: Nuclear Industry for Early Career

Registration fee includes: Course notes in print and electronic format, daily coffee break, cocktail reception, and complimentary first year ASME membership to non-members. Early Bird Rates are available until April 20, 2010. Payment in full is required prior to the conference. You will not be considered registered for the conference until your registration has been paid in full.

	REGI	STRATION PAYMENT OPTIONS (Credit Card Payment)	
	CREDI	T CARD BILLING INFORMATION	
Cardholder Name:*	CITEDI	CARD BILLING INI ORMATION	
Billing Address:* (Street Number and Name)			
Country:*			
City, State/Province:*			
Zip Code:			
	CF	REDIT CARD INFORMATION	
		VISA Marriage DISCOVER	
Credit Card Type:*			
Credit Card No:*			
Expiration Date:*			
CSC/CVV2(*):*			
Cardholder Signature:*			
NOTE: The security code (CSC/CVV2	) is the last thr	ee digits on the back of MasterCard, VISA cards, F	or American Express, the security co

is the four-digit code above the card number on the front.

## IF PAYING BY CREDIT CARD, fax completed form to: 212-591-7143

#### IF PAYING BY CHECK:

Make check out to: ASME

and mail to: ASME Info Central, 22 Law Drive, Fairfield, New Jersey, 07004 USA

\*\* Make sure to attach completed registration form with your check payment.

## Substitutions/ Cancellations

Cancellations made by June 10, 2010 will receive a full refund, less **\$250.00** administration fee. Refunds are not available after June 10, 2010. However, substitutions can be made at any time by contacting ASME Registration Services at +1 973 882 1170 or e-mail <u>asmenuclear@asme.org</u>. All substitutions must be registered prior to event. Please visit the event website for program updates: <a href="http://www.asmeconferences.org/nuclear10/">http://www.asmeconferences.org/nuclear10/</a>

## **ASME Travel Policy**

ASME recommends that you do not purchase or schedule any travel arrangements until you have received confirmation of your course schedule. ASME is not responsible for the purchase of non-refundable airline tickets or the cancellation/change fees associated with canceling a flight.

# FOR ADDITIONAL REGISTRATION ASSISTANCE:

+ 1-800-843-2763 (Toll free for US and Canada)

+ 1-973-882-1170 (International calls)

E-mail: asmeNTS@asme.org

For program details, visit www.asmeconferences.org/nuclear10