

Registration Form

Environmental Measurement Symposium

August 7 – 11, 2017

Washington, DC

Name: _____
As it will appear on your name badge

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Telephone: _____

Email: _____

Classification

Pick the Category that best describes your organization

- Academic
- Engineering or Consulting Firm
- Government Agency (non-laboratory)
- Laboratory, Commercial
- Laboratory, Government (Municipal, State, Federal)
- Regulated Industry
- Vendor/Supplier (LIMS Providers, PT Providers, etc.)
- Other

Symposium Registration ¹	Full Conference	Daily	Select Day(s)	Total
Attendee Registration	<input type="checkbox"/> \$495	<input type="checkbox"/> \$225	M T W Th F	
Participant ²	<input type="checkbox"/> \$395	<input type="checkbox"/> \$195	M T W Th F	
EPA Employee	<input type="checkbox"/> \$325	<input type="checkbox"/> \$160	M T W Th F	
Student	<input type="checkbox"/> \$195	<input type="checkbox"/> \$75	M T W Th F	
Late Fee (<i>After July 10</i>)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75		
Other Events and Activities (See brochure for more details)			Fee	
Workshop: Science Communication 101			<input type="checkbox"/> \$30	
Workshop: Science Storytelling			<input type="checkbox"/> \$45	
Agilent Wednesday Luncheon			<input type="checkbox"/> Free	
FMS Wednesday Luncheon			<input type="checkbox"/> Free	
Restek Wednesday Luncheon			<input type="checkbox"/> Free	
Waters Wednesday Luncheon			<input type="checkbox"/> Free	
Join or Renew TNI Membership			Fee	
One-year			<input type="checkbox"/> \$75	
Three-years			<input type="checkbox"/> \$200	

Notes:

1. Symposium registration includes participation in all meetings, all printed materials, continental breakfasts, and lunches on Monday, Tuesday and Thursday. Four free vendor-sponsored lunches are also available on Wednesday.

2. A Participant is an NEMC Session Chair, a speaker at NEMC, or a member of a TNI Committee or Board.

CANCELLATION: If you cannot attend, notification must be received by August 1. You may either send a substitute or receive a refund, less a \$75 administrative fee.

Payment Options

- Purchase Order #: _____
- Pay at Event
- Check: Make payment to The NELAC Institute
- Visa Master Card American Express

Card #: _____

Expires: _____

Name: _____

Print name as it appears on the card

Tax ID #: 81-0554715

Special Needs: _____
(e.g., dietary, hearing devices, etc.)

- This is my first time to attend these meetings.
- I will be accompanied by a guest or my spouse.

Send Payment & Registration to:

The NELAC Institute
P. O. Box 2439
Weatherford, TX 76086-0822

817-598-1624 FAX 817-423-6777

or email to: jerry.parr@nelac-institute.org