REGISTRATION FORM

Advanced Metallization Conference (AMC) 2009

October 13–15, 2009, Baltimore, Maryland

Register online: Visit www.unex.berkeley.edu/eng/register.html

Register by phone with MasterCard, Visa, American Express, or Diners Club at +1-510-642-4111.

Register by mail: Return this entire page. Mail to: Dept. B, UC Berkeley Extension, 1995 University Ave., Suite 110, Berkeley, CA 94704-7000, USA

Please PRINT the following information. For additional registration, please duplicate this form.

☐ **Mr.** ☐ **Ms.** **The address below or on the label is my** ☐ **Home** ☐ **Business**

Name (last / first / initial)

Company/ Agency (for business address only)

Address (number / street / apt./suite/mail stop)

(city / state / zip)

Daytime phone – – – ext. **Evening phone** – –

Fax phone – – **E-mail**

UC Berkeley Extension will use the telephone numbers and/or e-mail address listed on the enrollment forms to notify you of changes in your class schedule and other Extension information.

Title/ Occupation

Social Security number (if available) – –

The University is required by federal law to report your Social Security number and other pertinent information to the Internal Revenue Service pursuant to the reporting requirements imposed by the Taxpayer Relief Act of 1997. Social Security number disclosure is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974.

Conference fee **(EDP 311902)** **US $640 x** _____ **registrations = $**_____

Student conference fee* **(EDP 321620)** **US $395 x** _____ **registrations = $**_____

TOTAL registrations _____ **TOTAL payment $**_____

***Students need to include a copy of their current student identification with this registration form.**

For refund policy, go to www.unex.berkeley.edu/eng/register.html

☐ **To pay by check, make check payable to the UC Regents.**

☐ **To pay by purchase order, this form must accompany your purchase order. Fax to +1-510-642-3910.**

☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Diners Club**

– – – / (date card expires)

authorizing signature _____

Credit card billing address if different from student address above:

Name (last / first / initial)

Billing Address (number / street / apt./suite/mail stop)

(city / state / zip)

UC Berkeley Extension