

CompFrame 2005 Workshop

22-23 June 2005

Georgia Tech Hotel and Conference Center, Atlanta, Georgia, USA

Registration Form

Please return to: Lora Wolfe, Oak Ridge National Laboratory, PO Box 2008, MS 6016, Oak Ridge, TN 37831-6016, USA, or fax to +1 865 576 5491

Deadline: Monday 23 May 2005

Name: _____

Organization: _____

Email: _____

Registration Fee:

\$300 per person

Registration fee includes: meeting facilities, wireless network access, snack breaks, workshop program/proceedings.

Note: Participants are responsible for their own hotel reservations and charges. These are not included in the registration.

Payment Information

Payment Type: Check*[#] MasterCard[†] Visa[†] Cash[#]
(circle one)

Credit Card Number: _____

Expiration Date: _____

CVV2: (last 3 digits on
back of card) _____

Name on Card:
(if not same as registrant) _____

Signature: _____

Billing Address: _____

* Make checks payable to UT-Battelle, LLC. Checks must be in US currency, drawn on a US bank.

[#] Checks and cash (US currency only) will be accepted at the meeting, but please return this registration form by the deadline indicated above.

[†] If paying by credit card, your statement will show a charge from UT-Battelle, LLC