

EXHIBITOR REGISTRATION FORM
MicroTAS 2007 Conference

Paris, FRANCE

October 7 - 11, 2007

To ensure your registration, please complete **all** sections below:
PLEASE TYPE OR PRINT CLEARLY

First Name _____ First Name on Nametag _____

Last Name _____

Position/Title _____

Institute/Organization _____

Department _____ Division _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

☎ Telephone _____ Fax _____

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If you require special arrangements, please indicate your request below

Dietary: _____

Physical: _____

Exhibitor badge includes exhibit hall access, welcome reception, all refreshment breaks. A 20% non-refundable cancellation fee will be assessed to all cancellations prior to September 21, 2007. No refunds will be made after that date. All requests for refunds must be received in writing. For those who want to participate in the technical sessions you must register as a conference participant. This can be done by visiting the website at www.microtas2007.org

EXHIBITOR BADGE	Advanced On or Before 09/28/07	On-site After 09/28/07	
<input type="checkbox"/> 1 of 2 comps			€ _____ COMP _____
<input type="checkbox"/> 2 of 2 comps			€ _____ COMP _____
<input type="checkbox"/> Additional badge	€250.00	€275.00	€ _____

SOCIAL EVENTS

Tuesday Evening Banquet €75.00 x _____ € _____

GRAND TOTAL € _____

FORM OF PAYMENT

Bankwire transfer: (bankwire transfer information will be sent to you upon receipt of this form)

Check or Money Order

Credit Card MasterCard Visa Expiration Date ____ / ____ (MM/YY)

Card Number _____

Expiration Date ____ / ____ (MM/YY) verification code _____ (a 3 digit # on the signature line of the card)

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If you prefer to pay by check or money order, please complete and mail this form with your check or money order payable to MicroTAS 2007 Conference, to: MicroTAS 2007 Conference, c/o PMMI, 307 Laurel Street, San Diego, CA 92101-1630, USA ☎ 1-330-629-2375 or Fax: 1-330-629-2376