

Please print or type

Name (As you would like it to appear on your badge)

Company Name

Address

City State/Province Zip/Postal Code

Phone Fax

E-mail

CC E-Mail — Please copy my registration to this e-mail address

Check here if you do NOT want your mailing address to be included on the Pre-Registration List.

Registration Fees

(please check the appropriate box)	On or before June 10, 2010	After June 10 and onsite
Member* (Dues Paying)	<input type="checkbox"/> \$745	<input type="checkbox"/> \$795
Nonmember	<input type="checkbox"/> \$875	<input type="checkbox"/> \$925
Sustaining Member <i>(employees of sustaining members only)</i>	<input type="checkbox"/> \$810	<input type="checkbox"/> \$860
Emeritus Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Student Member*	<input type="checkbox"/> Complimentary	<input type="checkbox"/> \$20
Student Nonmember	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70

One Day Only Registration

(please check date and category)

	<input type="checkbox"/> July 12	<input type="checkbox"/> July 13	<input type="checkbox"/> July 14	<input type="checkbox"/> July 15
Member*	<input type="checkbox"/> \$450			
Nonmember	<input type="checkbox"/> \$500			
Sustaining Member	<input type="checkbox"/> \$475			
Emeritus Member	<input type="checkbox"/> \$215			
Student Member*	<input type="checkbox"/> \$20			
Student Nonmember	<input type="checkbox"/> \$40			

One-day registrations do not include a copy of the 51st Annual Meeting Proceedings; however, they may be ordered through INMM headquarters after November 2010.

Optional Events

Golf Tournament — Sunday, July 11, 2010 \$65
Deadline for entry is June 24, 2010
Clubs required Yes No Club Handicap or Average Score _____
Club Type: Mens Womens Right Left

3K Charitable Fun Run/Walk — Tuesday, July 13, 2010 \$20
Age _____

*Registrants must have been an approved member of INMM on or before April 11, 2010, to receive the member rate. | TOTAL \$ _____

Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

After hours phone number (in case of meeting cancellation)

After hours e-mail address (in case of meeting cancellation)

Payment

No telephone registrations please. Payment in U.S. dollars only.

- Check VISA
 MasterCard Diners Club
 American Express Wire Transfer
 Discover

Name on Credit Card

Card Number

Expiration Date

Signature

Billing address if different from registration address

Address

City State/Province Zip/Postal Code

Country

In order to receive credit for a bank deposit or wire transfer you must include \$35 to cover all bank fees. Your name must also be included on any payment sent to INMM headquarters.

Issuing Bank: _____

Registrations will not be processed without full payment. INMM does not accept purchase orders. You will not be registered if you send in a purchase order.

INMM Tax ID #31-0740753

Make checks payable to Institute of Nuclear Materials Management and mail or fax payment and registration to:

Institute of Nuclear Materials Management
P.O. Box 71571
Chicago, IL 60694-1571 USA
Telephone: +1-847-480-9573
Fax: +1-847-480-9282
E-mail: inmm@inmm.org



Special Needs: _____

Cancellation Policy

Notification of cancellation must be submitted in writing. Cancellations received by June 10, 2010, will be subject to a \$100 cancellation charge. Cancellations received after June 10, 2010, will be subject to a \$175 cancellation charge. No refunds will be made for cancellations received after June 24, 2010. Substitutions are allowed at anytime but must be requested in writing, via email, fax or letter to INMM headquarters.