

X6A Workbench Registration Form

Name (first) : _____ (last) : _____

Inst./Company: _____

Department: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/Mail Code: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

PI Name (full) : _____

Email: _____

Phone: _____

Check the type of registration and enter the total remittance enclosed bellow:

Professional \$250.00

Students/Postdoc \$200.00

Please find enclosed a check US\$ _____ payable to the order of :

Brookhaven Science Associates

Please charge my credit card for US\$ _____

Visa MasterCard Discover AmmericanExpress

Credit Card # _____

Expiration Date: _____ Name on Card: _____

Signature: _____

Can your registration be used for unallowables (food etc.,) Yes No

NOTE: Complete the form and fax it to Ms Gretchen Cisco (631)-344-7206

If you are sending a check please send it to

Att: Ms Gretchen Cisco
Brookhaven National Laboratory,
National Synchrotron Light Source, Bldg 725B
Upton, NY 11973
Phone: 631 344 4703 Fax: 631-344-7206
gcisco@bnl.gov