

Please select one of the following methods to register:

INTERNET: Go to <http://www.aps.org/meet/APR05>.


FAX: Complete this form and fax to 301-209-3652.

MAIL: Complete this form and mail to APS Meetings Dept., One Physics Ellipse, College Park, MD 20740.

NOTE: If you are not an APS member, you can join at the same time you register and save on registration fees. If you register by fax and wish to join, you must also complete and fax the membership form.

Please print all information. This information will be used to prepare your meeting badge.

Are you an APS member? No Yes APS Membership # _____

I am joining now—completed membership form and payment enclosed with registration.  I require special assistance.

First Name _____ Last/Sur Name _____

Institution _____

Institution Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Day Phone Number _____ FAX _____ E-mail _____

PART I: REGISTRATION (Join APS and save on registration fees.) Do not use this form to register on-site.

EARLY BIRD	LATE REGISTRATION	ON-SITE
Rec'd on/before February 11	Rec'd between Feb.12 and March 25	After March 25 you must register on-site
Full Member		
Full Registration <input type="checkbox"/> \$300	••••• <input type="checkbox"/> \$350	\$400
One Day* <input type="checkbox"/> \$190	••••• <input type="checkbox"/> \$215	\$245
Junior Member		
Full Registration <input type="checkbox"/> \$150	••••• <input type="checkbox"/> \$160	\$170
One Day* <input type="checkbox"/> \$100	••••• <input type="checkbox"/> \$120	\$130
Nonmember Rates		
Full Registration <input type="checkbox"/> \$450	••••• <input type="checkbox"/> \$500	\$550
One Day* <input type="checkbox"/> \$235	••••• <input type="checkbox"/> \$255	\$305
Grad Student Member** <input type="checkbox"/> \$85	••••• <input type="checkbox"/> \$95	\$105
Retired <input type="checkbox"/> \$100	••••• <input type="checkbox"/> \$110	\$120
Undergrad Member** <input type="checkbox"/> N/C	••••• <input type="checkbox"/> N/C	N/C

*** One-day registrants, please check one:**
 (Your Badge will show that you are attending on that day only)

Saturday
 Sunday
 Monday
 Tuesday

TOTAL AMOUNT PART I: _____

PART II: MEMBERSHIP DUES

If you are joining in addition to registering, complete the membership form.

TOTAL AMOUNT PART II: _____

PART III: PAYMENT INFORMATION (purchase orders and wire transfers NOT accepted) ❖ Make checks payable to APS

- Personal Check Business/Institution Check Credit Card
- Amex Mastercard Visa Diners Club Discover

Credit card # _____ Expiration Date: _____ Signature _____

GRAND TOTAL:

If paying by credit card, you may fax this form with credit card information to: 301-209-3652. Please do not fax and mail your registration, as you will be billed twice. If joining and registering, be sure to fax both registration form and membership form. **CANCELLATIONS** must be received in writing by April 13. All cancellations will be assessed a \$35 cancellation fee regardless of the reason for cancelling.