

Tenth International Conference on Phonon Scattering in Condensed Matter

August 12th - 17th, 2001 ■ Dartmouth College ■ Hanover ■ USA

REGISTRATION FORM

First Name: _____ Middle Initial: _____

Family Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

REGISTRATION

_____ \$390.00 Full Registration _____ \$250.00 Student Registration

_____ Registration after June 1 2001 add \$50.00

Registration sub total \$ _____

ACCOMMODATION

_____ Single _____ Double _____ I will be sharing my room with _____
(name)

Dorm Room Single is \$60.00 per night. Double is \$45.00 per person per night.

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Accommodation sub total \$ _____

ADDITIONAL OPTIONS

_____ \$50.00 Breakfast Option _____ \$15.00 Athletic Pass

_____ \$45.00 Barbecue Ticket _____ \$15.00 Excursion

_____ \$18.00 Parking Pass

Options sub total \$ _____

TOTAL AMOUNT DUE \$ _____

Master Card _____ Visa _____ Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____ / ____ Signature: _____	Credit Card Billing Address Name _____ Address _____ _____ Postal Code _____ Country _____
All requested information must be filled out for us to process your credit card transaction.	

Please fax this form to 603-646-1446 or mail it to: PHONONS 2001, Dartmouth College, Dept. of Physics & Astronomy, 6127 Wilder Laboratory, Hanover, NH, 03755, USA