

**PRE-REGISTRATION FORM**  
**★★★ Submit by 26 May 2006 for Discounted Rates ★★★**

<b>12<sup>TH</sup> CONFERENCE ON CLOUD PHYSICS/12<sup>TH</sup> CONFERENCE ON ATMOSPHERIC RADIATION</b>	<b>MONONA TERRACE</b>	<b>MADISON, WISCONSIN</b>
<b>10-14 JULY 2006</b>		

**TYPE OR PRINT CLEARLY**

NAME: _____	PREFERRED CONFERENCE (circle one): 12ATRAD 12 CLOUDPHY
AFFILIATION: _____	AFFILIATION TYPE (circle one): Student; University; Gov't; Private
MAILING ADDRESS: _____ _____	WILL YOU BE ACCOMPANIED BY A GUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	GUEST NAME FOR BADGE: _____
_____	NAME OF HOTEL: _____
WORK TEL #: _____	ARRIVAL DATE: _____ DEPARTURE DATE: _____
FAX #: _____	<b>(Attendee is responsible for making own reservation; information supplied here is for AMS use only)</b>
EMERGENCY TEL #: _____	
E-MAIL: _____	DO YOU WANT YOUR NAME PUBLISHED ON THE ATTENDANCE LIST? (See reverse) <input type="checkbox"/> YES <input type="checkbox"/> NO

**REGISTRATION RATES**

REGISTRATION includes: your badge, CD-ROM, a program, admission to all sessions, and Formal Poster Viewing/Receptions.	<b>By 26 May</b>	<b>27 May &amp; On-site</b>
<input type="checkbox"/> AMS Member; <input type="checkbox"/> Speaker/Poster Presenter; or <input type="checkbox"/> Program/Session Chair	\$385.00	\$425.00
<input type="checkbox"/> AMS Associate Member	\$420.00	\$460.00
<input type="checkbox"/> Non-Member	\$455.00	\$495.00
<input type="checkbox"/> AMS Student Member	\$175.00	\$215.00
<input type="checkbox"/> Student Non-Member	\$205.00	\$245.00
<input type="checkbox"/> Retired AMS Member	\$200.00	\$240.00
<input type="checkbox"/> One-Day Registration—includes badge, CD-ROM, program and admission to all sessions for one calendar day. Please circle one: MON TUES WED THUR FRI	\$245.00	\$285.00

**Additional Conference CD-ROM:**

Member: \$20.00 \_\_\_\_\_ Non-Member: \$40.00 \_\_\_\_\_

<b>PAYMENT METHOD</b>	<b>TOTAL CONFERENCE FEES</b>
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<input type="checkbox"/> CHECK ; <input type="checkbox"/> P.O. ATTACHED; P.O. #: _____  <input type="checkbox"/> CREDIT CARD ( <input type="checkbox"/> MasterCard; <input type="checkbox"/> VISA; <input type="checkbox"/> American Express) Acct # _____ Exp Date: _____  Name on Credit Card: _____ Street Address as it appears on Credit Card Statement: _____ _____  City: _____ State/Prov: _____ Zip Code: _____	REGISTRATION FEE: \$ _____ ADDITIONAL CD-ROM: \$ _____  <b>TOTAL CONFERENCE FEE: \$ _____</b>
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**SUBMIT FORM AND PAYMENT TO:** AMS Meetings Registration: MADISON, 45 Beacon Street, Boston, MA 02108-3693; Fax: 617-742-8718 or 617-249-0272

## REGISTRATION POLICY

In order to receive discounted registration rates, attendees must submit a registration form and payment (via mail or fax: 617-742-8718) to AMS by **11:59pm EST 26 May 2006. Registration will not be processed without payment.** Payment may be made with check, money order, purchase order, or credit card (MasterCard/VISA/American Express). Checks must be drawn on a U.S. bank and payable in U.S. dollars. Registration forms received at AMS between 27 May–12 June 2006 and on-site will be processed at the higher fee. **After 12 June 2006, you must register at the meeting.** Refunds (less a \$25 processing fee) will be granted only for cancellations received before 30 June 2006.

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## ATTENDANCE LISTS

The AMS will be making the attendance list from this meeting available to attendees and exhibitors (if participating). The list will be provided in electronic form only and will include attendee name, affiliation (if provided), address, city, state, zip code, and country. **No phone, facsimile, or e-mail address will be provided on the list.** To request a copy of this list, inquire at the AMS Registration Desk on-site.

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## ***BENEFITS to Pre-registering!!!!***

- *DISCOUNTED RATES*
  - *RECEIVE WRITTEN CONFIRMATION*
  - *AVOID LONG ONSITE REGISTRATION LINES*
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***Become an AMS Member and Pay less to attend AMS Meetings***

*call now for Membership Information  
(617) 227- 2426 x 209 and 237*