



Photo Chemical Machining Institute Registration Form

International Spring Conference | May 21 - 27, 2011 | Cranfield University | England

<u>Fee Schedule</u>	<u>PCMI Member</u>	<u>NON-Member 1st Meeting</u>	<u>NON-Member</u>	<u>Amount</u>
Meeting Registration (Includes breaks and lunch while at Cranfield.)	US \$450.00	US \$450.00	US \$1,100.00	\$ _____
Room Registration (Include breakfast daily.)	_____ Arrival Date _____ Depature Date			
	US \$155 per single room, per night # of nights _____			\$ _____
	Additional person per night = US \$40 # of people _____			
	(Available only until April 15, 2011.)			

After April 15th, you will have to book your own room. There is no guarantee of availability. Please contact the Cranfield University Conference Centre directly. The PCMI reference number is kx4343. The reservation information is +44 01234 752709. The email address is cmdcsales@cranfield.ac.uk

Grand Banquet	US \$75.00	US \$75.00	US \$125.00	\$ _____
Dinner at Local English Pubs	US \$60.00	US \$60.00	US \$100.00	\$ _____
Dinner at Cambridge University *	US \$100.00	US \$100.00	US \$170.00	\$ _____
Plant Tour *	US \$25.00	US \$25.00	US \$50.00	\$ _____
PCM Short Course	US \$500.00	US \$500.00	US \$800.00	\$ _____

Duxford Air Show *	<input type="checkbox"/> Adult (16-59 years)	US \$115.00	# of tickets _____	\$ _____
	<input type="checkbox"/> Senior (60 years+)	US \$100.00	# of tickets _____	\$ _____

Sponsorship	<input type="checkbox"/> Platinum - US \$1,000.00	<input type="checkbox"/> Gold - US \$750.00	\$ _____
	<input type="checkbox"/> Silver - US \$500.00	<input type="checkbox"/> Bronze - US \$300.00	

* Includes transportation costs

Please print clearly. **TOTAL FEE** \$ _____

Name _____ Name for Badge _____

Spouse Name _____ E-mail address _____

Company/Institution _____ Is this your first PCMI Conference? Yes No

Address _____ City: _____ State: _____ Zip: _____ Country: _____

Telephone _____ Fax: _____

Payment A check for US \$ _____, payable to the PCMI, is enclosed (U.S. bank checks only.)

Please charge US \$ _____ to my credit card:



Credit Card # _____

Exp. Date: _____ / _____ Security # _____

Contact PCMI

11 Robert Toner Blvd., #234
North Attleboro, MA 02763
Phone: 508-385-0085
Fax: 508-232-6005
Catherine Flaherty
cflaherty@pcmi.org

Please return registration form and payment by April 15, 2011.