ADVANCE REGISTRATION FORM

Name: ________________________________
Affiliation: ____________________________
Address: ________________________________
City: __________________ State: ______ Zip: ______
Phone: __________________ Email: __________________

Do you intend to present a contributed paper? Yes [ ] No [ ]

STATUS: Student [ ] Faculty [ ] Industry [ ] Government [ ] Retired/Unemployed [ ]

MEMBERSHIP: APS [ ] OS/APS [ ] AAPT [ ] (But OS/AAPT use different form!)

Registration Fee
Member $35.00 ______
Nonmember $55.00 ______
Retired/unemployed/student $0 ______

Banquet Ticket (Friday night; reservations must be made by September 19, 2003)
Member/Nonmember $35.00 ______
Student $15.00 ______

Would you prefer a vegetarian meal? YES [ ] NO [ ] (circle one)

Box Lunch (Saturday noon; reservations must be made by September 19, 2003) $7.00 ______
Abstract Publication in BAPS $40.00 ______
LATE REGISTRATION FEE (After September 19, 2003) $10.00 ______
TOTAL ______

MAKE CHECKS PAYABLE TO: OSAPS Conference at CWRU
Mail registration form with payment to: Mrs. Lucy Rosenberg, OSAPS
Physics Department
Case Western Reserve University
10900 Euclid Ave.
Cleveland OH 44106-7079

Form and information available online at: http://www.phys.cwru.edu/events/OSF03/