

2008 ECCO Seminar Registration Form

Name: _____

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Name Preferred on Badge: _____

Do you need special assistance to participate in this meeting,
or do you have special dietary requirements? (circle) YES / NO
If so, an ECCO representative will contact you.

Credit Cards Accepted: Visa/MasterCard and Discovery

Name of Credit Card _____

Name of Credit Card Holder _____

Credit Card Number and Expiration Date _____

Registration Fees:

\$350.00 Meeting Fee (until May 10, 2008)

\$400.00 Meeting Fee (after May 10, 2008)

Please register as soon as possible and make checks payable to:

DOE-Export Control Coordinators Organization.

Tax ID# 82-0529967.

Mail your form and check to:

Michelle H. Johnson

Idaho National Laboratory (INL)

P.O. Box 1625

Idaho Falls, ID 83415-2506

If paying for your registration fee with a credit card, please fax completed form to Michelle H. Johnson at (208) 526-0953.

Also, fax or e-mail your registration form to: Alan Rittel at (816) 997-3451, or arittel@kcp.com

Your registration and payment are requested by May 10, 2008

Please contact Michelle H. Johnson by e-mail at michelle.johnson@icp.doe.gov or by phone at (208) 526-9340 if there are any questions concerning the payment of registration fees.