



**IEEE HOLM Conference on Electrical Contacts**  
**26-28 September 2005**  
*along with the*  
**Intensive Course on Electrical Contacts**  
**23-25 September 2005**



**Holiday Inn Chicago City Center, Chicago, Illinois, USA**

**PLEASE TYPE OR PRINT INFORMATION**

Prefix \_\_\_\_\_ Family Name \_\_\_\_\_ Suffix \_\_\_\_\_ Given Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

IEEE Member Number \_\_\_\_\_

\*\* To receive confirmations please enter a valid email address. If you do not have an email address confirmation will be faxed to you.

**Circle Registration Fee:**

**Inclusion of your Paper in the Conference and its publication is contingent upon receipt of registration fee**

<b><u>CONFERENCE</u></b>	<b><u>Prior to 8/12/05</u></b>	<b><u>After 8/12/05 &amp; On-Site</u></b>
IEEE Member	\$550	\$600
Non-Member	\$600	\$650
Student	\$200	\$250
Extra Proceedings	\$ 70	\$ 70
<b><u>INTENSIVE COURSE</u></b>		
IEEE Member	\$1050	\$1250
Non-Member	\$1100	\$1300
<b><u>INTENSIVE COURSE</u></b> (with 3 or more from the same organization)		
IEEE Member	\$975	\$1175
Non-Member	\$1025	\$1225
<b><u>INTENSIVE COURSE</u></b> (if also registering for the CONFERENCE)		
IEEE Member	\$900	\$1100
Non-Member	\$950	\$1150
<b>(Plus registration fee for conference)</b>		
<b>Social Event: Mystic Blue Cruise</b> (Monday 26 September)	# of Tickets _____	\$ 75

**TOTAL \$ \_\_\_\_\_**

**Payment: \*Payment by Purchase Order is NOT acceptable\***

Check – Make checks payable to IEEE/Holm 2005 (Check # \_\_\_\_\_)

*Please Note: IEEE will accept checks in any denomination as long as the conversion rate is equivalent to the United States Dollar amount listed above.*

Wire Transfer: For Bank Information Please Contact Andrea Sadlowski at: [a.sadlowski@ieee.org](mailto:a.sadlowski@ieee.org)

**(Payment by Check or Credit Card is preferred)**

Charge to my Credit Card

*Please Circle:* American Express    MasterCard    Visa    Diners Club    Discover

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Please Print*

Signature: \_\_\_\_\_ Name on the Card: \_\_\_\_\_

**REFUND POLICY:** All refund requests must be in writing and received by August 23, 2005 to the registrar listed below. A \$50.00 cancellation fee will be deducted from the registration price. No refunds will be accepted after August 23, 2005.

**Questions regarding your registration please contact:**

**Andrea Sadlowski – Holm Registrar**

**445 Hoes Lane, Piscataway, NJ 08854, USA**

**Phone: 732 562 5337 Fax: 732 465 6447 Email: [a.sadlowski@ieee.org](mailto:a.sadlowski@ieee.org)**