



18th Astronomical Data Analysis Software & Systems
November 2-5, 2008 Québec City, Québec
Canada

Fax completed registration form to
(613) 993-7250

A. GENERAL INFORMATION PLEASE TYPE OR PRINT CLEARLY Ms. Mrs. Mr. Dr.

LAST NAME	FIRST NAME
TITLE / POSITION	
AFFILIATION	
MAILING ADDRESS	
CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE
TELEPHONE ()	FAX ()
E-MAIL ADDRESS :	WEBSITE :

PLEASE NOTE: In order to facilitate networking amongst delegates, your name and coordinates will appear on the ADASS 2008 Participant List. If you do not wish to have your information made available, please let us know by checking the box below:

I do not wish to have my name or coordinates appear on the ADASS2008 Participant List.

REGISTRATION FEES

	Early Bird Rate (Before September 15 th , 2008)	Late Registration (After September 15 th , 2008)
<input type="checkbox"/> Full participant	\$ 425.00 CAD	\$ 475.00 CAD
<input type="checkbox"/> Student*	\$ 325.00 CAD	\$ 375.00 CAD
University : _____		Student ID No: _____
<input type="checkbox"/> *Focus Demos (1-2 hrs)	\$ 100.00 CAD	\$ _____
<i>will take place during the conference at times that are mutually accepted to both the demonstrator + the ADASS organizing committee.</i>		
<input type="checkbox"/> *Floor Demos (full conference)	\$ 500.00 CAD	\$ _____
<i>will take place throughout the entire conference period, co-located with the poster session. Further details can be obtained by contacting ADASS2008.org.</i>		
*Please note that only delegates of the conference may register to attend or to give these demos.		
Additional Tickets:		
Banquet Tickets: Tuesday November 4 th , 2008:	_____ x \$65 CAD	\$ _____
<input type="checkbox"/> Tutorial \$ 20.00 CAD		\$ _____
Sunday November 2 nd , 2008. Topics to be announced at a later date. Registration fee to cover costs of refreshments.		

C. SPECIAL DIETARY REQUIREMENTS

Do you have any special dietary requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please state your allergy or special requirements (i.e. allergy to nuts) :
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D. METHOD OF PAYMENT (\$CAD)

I have noted the terms and conditions detailed in the Registration Information and accordingly make payment for registration to the ADASS 2008 Conference.	Total Remittance : \$ _____ CAD						
<input type="checkbox"/> Credit Card : <i>Please charge the total amount above to the following credit card.</i> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Name (as it appears on card): _____ Card Number : _____ - _____ - _____ - _____ Expiry Date : MONTH ____ / YEAR : ____ Signature : _____							
<input type="checkbox"/> Cheque (enclosed) <input type="checkbox"/> PLEASE MAKE CHEQUE PAYABLE TO THE "RECEIVER GENERAL FOR CANADA (NRC / ADASS2008)" and send to : National Research Council Canada, ADASS 2008 Management Office, 1200 Montreal Road, Building M-19, Ottawa, Ontario K1A 0R6							
<input type="checkbox"/> For all Government of Canada Employees - FINANCIAL INFORMATION STRATEGY (FIS): <table style="width:100%"> <tr> <td>ORGANIZATIONAL</td> <td>DEPARTMENTAL</td> <td>INTERDEPARTMENTAL SETTLEMENT</td> </tr> <tr> <td>CODE: _____</td> <td>CODE: _____</td> <td>CODE: _____</td> </tr> </table> NAME OF FINANCE OFFICER AND FAX NUMBER: _____		ORGANIZATIONAL	DEPARTMENTAL	INTERDEPARTMENTAL SETTLEMENT	CODE: _____	CODE: _____	CODE: _____
ORGANIZATIONAL	DEPARTMENTAL	INTERDEPARTMENTAL SETTLEMENT					
CODE: _____	CODE: _____	CODE: _____					
Cancellations prior to October 6 th , 2008 are reimbursed less a \$75.00 processing fee. <i>No refunds or cancellations after October 6th, 2008</i>							

