



# 2018 Winter Conference on Plasma Spectrochemistry

## Amelia Island, Florida, January 8 – 13, 2018



### CONFERENCE REGISTRATION

#### A. Registration

Please Type or Print Clearly  
FIRST NAME

FAMILY NAME  
COMPANY  
ADDRESS  
CITY STATE ZIP/POSTAL CODE  
COUNTRY E-MAIL  
Telephone (Business) (Cell) FAX

#### Please indicate:

Author  Co-author  Attending ( Single day  Short Course Only)  Exhibitor  Student\* ( Predoctoral  Postdoctoral)

\*Only full-time students are eligible for student registration. Academic advisor must countersign registration.

**Tee Shirt Size:**  Extra Extra Large  Extra Large  Large  Medium  Small

#### B. Accompanying Person(s), Transportation, Accommodations (Information purposes only)

Give names of accompanying person: Spouse or

Children (Names/Ages)

Other

Arrival Date/Time

Airline

Departure Date

Hotel:  Omni Amelia Island Plantation  Other

#### C. Conference Registration Fees

	Before October 13, 2017	After December 8, 2017	After December 8, 2017	Enter Amount	Subtotal
<input type="checkbox"/> Conference	\$550	\$850	\$1100	\$ _____	
<input type="checkbox"/> Exhibitor	\$130	\$425	\$730	\$ _____	
<input type="checkbox"/> Student	\$ 75	\$130	\$290	\$ _____	
<input type="checkbox"/> Postdoctoral	\$100	\$260	\$480	\$ _____	
<input type="checkbox"/> Single Day ___ days (2 days max)@	\$210	\$365	\$480 per day	\$ _____	\$ _____
<b>D. Short Course Enrollment</b> (each)	\$120	\$240	\$365 [indicate below]		
<input type="checkbox"/> Student	\$ 25	\$ 30	\$ 50 [indicate below]		

#### Mark Date, Time Fill-in Course Number (SX-00) and Name

<input type="checkbox"/> (1) Jan 5, 1 pm	S _ -	\$ _____
<input type="checkbox"/> (2) Jan 5, 7 pm	S _ -	\$ _____
<input type="checkbox"/> (3) Jan 6, 8 am	S _ -	\$ _____
<input type="checkbox"/> (4) Jan 6, 1 pm	S _ -	\$ _____
<input type="checkbox"/> (5) Jan 6, 7 pm	S _ -	\$ _____
<input type="checkbox"/> (6) Jan 7, 8 am	S _ -	\$ _____
<input type="checkbox"/> (7) Jan 7, 1 pm	S _ -	\$ _____
<input type="checkbox"/> (8) Jan 7, 7 pm	S _ -	\$ _____
<input type="checkbox"/> (9) Jan 8, 7 pm	S _ -	\$ _____

#### E. Conference Dinner (includes tax and gratuity)

			Number Ordered		
<input type="checkbox"/> Conference Dinner (adult)	\$65	\$69	\$75 (x__)	\$ _____	
<input type="checkbox"/> Conference Dinner (child under 12)	\$31	\$32	\$33 (x__)	\$ _____	\$ _____

#### F. Duplicate/Additional Shirts, Abstracts, Proceedings, Donations

			Number Ordered		
<input type="checkbox"/> Souvenir T Shirt (Size ___)	\$18	\$20	\$23 (x__)	\$ _____	
<input type="checkbox"/> Conference Abstracts (duplicate)	\$24	\$36	\$60 (x__)	\$ _____	\$ _____
<input type="checkbox"/> Subscription to <i>ICP Information Newsletter</i> (January - December 2017, 2018)				\$ _____	\$ _____
<input type="checkbox"/> Tax-Deductible Contribution to Conference Travel-Registration Funds				\$ _____	\$ _____
<b>TOTAL</b>				<b>\$ _____</b>	

Please send payment with this Registration form to **WINTER CONFERENCE**, %Dr. Ramon Barnes, ICP Information Newsletter, Inc., 18241 Beauty Berry Ct, Lehigh Acres, FL 33972-7525 or wc2018@chem.umass.edu.

Paid by:  Check or money order  American Express  Master Card  VISA. Cardholder Name: \_\_\_\_\_

Credit Card Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Holder's Billing Address \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Conference Use Only

REGISTRATION NUMBER 2018\_\_|\_|\_| - \_\_|\_|\_|

Payment: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Date Received: \_\_\_\_\_

Refund: \_\_\_\_\_ Check Date \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

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## CONFERENCE REGISTRATION FEE SUMMARY

Conference Registration Fees	Before — October 13, 2017 —	After	After December 8, 2017
Conference*	\$550	\$850	\$1100
Exhibitor**	\$130	\$425	\$730
Student***	\$ 75	\$130	\$290
Postdoctoral***	\$100	\$260	\$480
Single Day*** (2 days max) @ per day	\$210/day	\$365/day	\$480/day
Short Course Enrollment (each course)	\$120	\$240	\$365
Short Course Student Enrollment (per course)	\$25	\$30	\$50
Conference Dinner (includes taxes and gratuity), Thursday, January 11, 2018			
Conference Dinner (adult)	\$ 65	\$ 70	\$ 75
Conference Dinner (child under 12)	\$ 32	\$ 33	\$ 35
<i>Additional or Duplicates</i>			
Souvenir T Shirt (Size ___)	\$ 18	\$ 20	\$ 23
Conference Abstracts (duplicate)	\$ 24	\$ 36	\$ 60

\* Conference registration includes Conference abstracts, souvenirs and tee shirt, and one-year subscription to *ICP Information Newsletter*. Conference dinner is not included in the registration fee.

\*\* Conference registration for personnel of organizations participating in Conference exhibition and includes Conference abstracts and souvenir shirt only. Exhibitors must be registered as employees of an exhibiting firm. Conference dinner is not included in the Exhibitor registration fee.

\*\*\* Conference registration includes Conference abstracts and souvenir shirt only. Only full-time students are eligible for student registration. Enclose a letter signed by the academic advisor.

No registration fees are charged for accompanying persons, family, or children.

**CANCELLATION POLICY:** Full refund is available if written request is postmarked before December 8, 2017; 50% refund if request postmarked no later than December 15, 2017. No refund for requests postmarked after December 15, except for medical reasons with doctor's verification.

New subscriptions to the *ICP Information Newsletter* for 2017 and 2018 are available at a special 10% discount [\$60.30 (US, Canada), \$82.80 (Europe, South America), \$91.80 (Asia, Pacific, etc.)].

Tax-deductible contributions are solicited to our Conference Travel and Registration Grant funds for students and overseas visitors. Do not overlook your corporate gift matching programs.

Please send payment with Registration form to **WINTER CONFERENCE**, %Ramon Barnes, ICP Information Newsletter, Inc., 18241 Beauty Berry Ct, Lehigh Acres, FL 33972-7525 USA.

Federal Employer Identification Number (EIN) is 04-3361420.

*American Express, MasterCard or Visa* may be employed to pay for your registration. Please enclose the following information with your registration form:

Paid by:  Check or money order  American Express  Master Card  VISA

**Cardholder's Name** (as printed on card) : \_\_\_\_\_

**Credit Card Account No.** (All digits) \_\_\_\_\_ **Expiration date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Card Holder's Billing Address:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

2018 Winter Conference on Plasma Spectrochemistry, %ICP Information Newsletter, Inc.,  
18241 Beauty Berry Ct., Lehigh Acres, FL 33972-7525; P.O. Box 666, Hadley, MA 01035-0666 USA  
Dr. Ramon Barnes, Conference Chairman, Telephone (239) 674-9430, Fax (239) 674-9431  
email [wc2018@chem.umass.edu](mailto:wc2018@chem.umass.edu), <http://icpinformation.org>