

WAAVP-2003 Conference Registration Form

New Orleans 10-14 August, 2003

Please use **BLOCK CAPITALS** for completing this form and **submit it to Crescent City Consultants;**
210 Baronne St., Suite 1108, New Orleans, LA 70112, USA (Mail) or FAX: 1-504-561-5894.

Full Registrant/Student: Prof/Dr/Mr/Mrs/Ms

Last Name: _____

First Name: _____

Affiliation: _____

Street: _____

City/State: _____ Postal Code: _____ Country: _____

Telephone: _____ FAX: _____

E-mail: _____

Please indicate oral _____ and/or poster _____ section number
(See Topics for Oral/Poster Presentations)

Accompanying Person(s):

Prof/Dr/Mr/Mrs/Ms

Last Name: _____ First Name: _____

Prof/Dr/Mr/Mrs/Ms

Last Name: _____ First Name: _____

Registration Fees and Payment (All in US dollars and per person):

Full Registrants	Before June 1	\$385 _____
	After June 1 and on site	\$500 _____
Students	Before June 1	\$185 _____
	After June 1 and on site	\$250 _____
Accompanying Persons	Before June 1	\$150 _____
	After June 1 and on site	\$200 _____
		Total _____

The above total amount is enclosed by check or money order
Please add 5% handling charge to the total for credit card registrations.

___ Visa ___ Master Card ___ American Express ___ Discover

Card No: _____ Exp. date: _____

Name of cardholder (Please PRINT): _____