



Advanced ICFA Beam Dynamics Workshop on  
**QUANTUM ASPECTS  
 OF BEAM PHYSICS**

JANUARY 4-9, 1998 MONTEREY CALIFORNIA USA

**CONFERENCE REGISTRATION FORM**

Please note that payment must accompany this form.

**ATTENDEE INFORMATION**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title [Prof. / Dr. / Mr. / Mrs. / Ms.] \_\_\_\_\_ Date of Birth [Month] \_\_\_\_\_ [Day] \_\_\_\_\_ [Year] \_\_\_\_\_

Affiliation / Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Postal-Zip Code \_\_\_\_\_ State & Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

**COMPANION INFORMATION** [Accompanying person(s) not participating in the scientific programme]

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**TITLE OF YOUR TALK(S):** \_\_\_\_\_

**TOPICS:** Please check your primary and your secondary level of interests (one each).

- | Primary Interest         | Secondary Interest       |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | TOPIC 1. |
| <input type="checkbox"/> | <input type="checkbox"/> | TOPIC 2. |
| <input type="checkbox"/> | <input type="checkbox"/> | TOPIC 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | TOPIC 4. |
| <input type="checkbox"/> | <input type="checkbox"/> | TOPIC 5. |
| <input type="checkbox"/> | <input type="checkbox"/> | TOPIC 6. |

**WORKING GROUPS:** Please check your primary (where you intend to spend most of your working group time) and your secondary level of interests (one each).

- | Primary Interest         | Secondary Interest       |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | GROUP A. |
| <input type="checkbox"/> | <input type="checkbox"/> | GROUP B. |
| <input type="checkbox"/> | <input type="checkbox"/> | GROUP C. |
| <input type="checkbox"/> | <input type="checkbox"/> | GROUP D. |

**REGISTRATION FEE**

➔ **DEADLINE: must be received by** November 15, 1997

\$350.00\*

**ADDITIONAL CONFERENCE PROCEEDINGS**

Additional Bound Proceedings [one copy is included in the registration fee]

\$40.00 each

No. of  
EXTRA  
Copies \_\_\_\_\_

**CONFERENCE DINNER**

Gala Banquet at the Monterey Aquarium

\$50.00\*

I will be accompanied  Yes  No  
Accompanying Person(s) at \$50.00 each

No. of  
EXTRA  
Tickets \_\_\_\_\_ Total  
EXTRA  
Amount \_\_\_\_\_

**EXCURSION & LUNCH**

Lunch at the historic forge in Carmel-by-the-Sea, Monterey Coast-line tour

\$30.00

I will be accompanied  Yes  No  
Accompanying Person(s) at \$30.00 each

No. of  
EXTRA  
Tickets \_\_\_\_\_ Total  
EXTRA  
Amount \_\_\_\_\_

**GROUND TRANSPORTATION**

\$50.00\*

Round Trip conference shuttle bus from/to San Francisco and San Jose Airports: Indicate which Shuttle Bus Runs you intend to use:

➔ Sunday, January 4  A  B (Choose one)

➔ Friday, January 9  A  B (Choose one)

**TOTAL CHECK AMOUNT ENCLOSED** \_\_\_\_\_

**METHOD OF PAYMENT:** Check for US Dollars drawn on an account with a corresponding US bank and made payable to **Stanford University**.

Please send your Registration Form and check (US Dollars drawn on accounts with a corresponding US bank) to:

QABP98 Conference Administrator  
Stanford Linear Accelerator Center  
P.O. Box 4339, MS 33  
Stanford, CA 94305 USA

*Express Mail Address:* 2575 Sand Hill Road, MS 33  
Menlo Park, CA 94025 USA

Your completed Registration Form may be faxed to 1-650/926-5145 and your payment sent by mail.

\*REFUNDS: Unfortunately we will not be able to make any refunds on these items because of our contractual arrangements with the conference vendors.