



The 56th ICAT/JTTAS Joint International Smart Actuator Symposium

October 6 & 7, 2009

Symposium Registration

Registrant Information

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Registration Details

Industry attendees who are invited to attend this symposium are considered guest members and are charged a registration fee. These invitees may attend a maximum of two ICAT meetings before being required to join the ICAT Consortium. ICAT members are not charged a registration fee, according to the guideline stated below. *Note: Registration includes one dinner, two lunches, and all refreshment breaks. Guests joining the attendees for meals are required to pay the guest fees as noted below.*

- ICAT Company Member (*Registration fee waived for the first two attendees; other company attendees must pay registration fee.*)
- Invited Speaker, Poster Presenter, or ICAT Faculty Member or Researcher (*Circle one; registration fee waived.*)
- \$350 – Early Registration Fee, Guest Member, received by September 25th
- \$400 – Late Registration Fee, Guest Member, received after September 25th
- \$100 – Early Registration Fee, Graduate Student-Postdoc, received by September 25th
- \$200 – Late Registration Fee, Graduate Student-Postdoc, received after September 25th
- For planning purposes, please indicate the meals you will be attending and any dietary concerns.
 - Lunch, October 6 Regular Vegetarian Special Needs: _____
 - Dinner, October 6
 - Lunch, October 7
- Guest Meals: A guest will be accompanying me to the following meals. (*Note: Fees for meals must be pre-paid.*)
 - Lunch, October 6 (\$15) Regular Vegetarian Special Needs: _____
 - Dinner, October 6 (\$40)
 - Lunch, October 7 (\$15)

Method of Payment

Your payment in full must accompany this registration form. Faxed registrations must be accompanied by credit card payment information; credit card charges cannot be processed without the total amount to be charged, signature, and expiration date.

- Total amount due (payable in U.S. Dollars): _____
- Payment by check; payable to "Penn State"
- Payment by credit card; charge to American Express, VISA, or MasterCard. (*Circle one.*)

Account Number _____	Expiration Date _____		
Name on Card _____	Signature (Required) _____		
Card Billing Address _____			
(Street)	(City)	(State/Country)	(Zip/Postal Code)

Mail or Fax Registration Form and Payment to:

Susie Sherlock, ICAT Coordinator
 The Pennsylvania State University, Materials Research Institute
 149 MRL Building, University Park, PA 16802, USA
 Fax: (814) 863-4178 Phone: (814) 865-3225