



ADVANCE REGISTRATION FORM

*If possible, please register electronically via our secure website at <http://www.intermagconference.com/2012/>
 All fields are **REQUIRED**. Forms received without payment **WILL NOT BE PROCESSED** until full payment has been received. Please print clearly or type the following information.*

LAST NAME/FAMILY NAME/SURNAME: _____ FIRST NAME: _____

AFFILIATION/ORGANIZATION/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____ (Registration confirmations will be sent via email.)

IEEE MEMBER #*: _____ If you are presenting a paper, please enter your session code and paper number: ____ - ____

** An IEEE member number is required to receive the IEEE Member discount. Registrations received without a valid IEEE member number will be processed at the applicable higher non-member rate.*

Please initial: _____ I agree that I will not take any audio, video or photographic images of any of the oral or poster technical presentations.

In order to Advance Register, this form and payment in full must be received by 12 midnight, USA Eastern Standard Time on April 9, 2012 to receive the advance registration rates. (NOTE: Rates apply to ALL registrants including speakers)

- Advance Registration IEEE Member @ \$550 (US Dollars) \$ _____
- Advance Registration Non-Member @ \$700 (US Dollars) \$ _____
- Advance Student IEEE Member @ \$150 (US Dollars) \$ _____
- Advance Student Non-Member @ \$200 (US Dollars) \$ _____
- Advance Unemployed Retiree IEEE Member @ \$150 (US Dollars) \$ _____
- Advance Unemployed Retiree Non-Member @ \$200 (US Dollars) \$ _____

TOTAL AMOUNT DUE AND ENCLOSED _____

Please check here if you are a **MEMBER OF THE MAGNETICS SOCIETY** and **DO NOT NEED** an extra copy of the *Proceedings*. **Students and Retirees are NOT eligible to receive the Proceedings except as members of the IEEE Magnetics Society.**

PAYMENT OPTIONS:

1. Credit Card: Circle one: VISA/ MasterCard / American Express

SEND by FAX to: 410-559-2217

Credit Card Number: _____ Expiration date: _____ CSC Code*: _____ (Must be provided for verification. CSC Code= 3 digit code for VISA/MasterCard located on the back of the card; 4 digit code located on the front of American Express Cards)

Cardholder Signature: _____

Cardholder Name (as it appears on the credit card) and billing address (if different from that at the top of this form):

Name: _____

Street Address: _____ Zip Code: _____

2. CHECK: Please make check payable (in US Dollars) to "INTERMAG 2012"

Mail to: INTERMAG c/o YesEvents
 P.O. Box 32862
 Baltimore, MD 21282 U.S.A.

Toll Free: 800-937-8728
 Phone: 410-306-9194
 Fax: 410-559-2217
 Email: Intermag@yesevents.com

Cancellation Policy: Cancellations of registration must be received in writing at YesEvents by April 9th. Payments will be refunded less a \$75 service charge following the Conference. AFTER April 9th, cancellations will be accepted but not refunded. Substitutions may be made in advance of the conference prior to April 16, 2012. After April 16, 2012 substitutions will be processed onsite.