



**41<sup>st</sup> Annual Stationary Source Sampling & Analysis  
for Air Pollutants Conference**  
**Sunday, April 9 - Friday, April 14, 2017**  
**JW Marriott Tucson Starr Pass Resort & Spa in Tucson, Arizona**

Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of form submission: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name for Conference Badge: \_\_\_\_\_

Electronic Program: Yes \_\_\_ No \_\_\_

(Indicate your preference for the technical program between electronic means and traditional hard-copy)

SES Safety T-Shirt: s m l xl xxl (please circle one) Other \_\_\_\_\_

**REGISTRATION FEES**

**Method of Payment:**

- 1. Check made out to **"Stationary Source Sampling Conference"** and drawn on a US bank in US dollars or money order in US dollars is enclosed.
- 2. Credit card (MasterCard or Visa only, sorry no American Express or Discover). Please note a 4.5% convenience fee is effective for credit card payments. Please note charge will appear as Hospitality Management Systems.
- 3. Purchase orders are accepted from US Government organizations only. A duly authorized, signed purchase order is enclosed. Please note: individual rooms will not be held until a payment or purchase order is received.

**Participant Single Room** includes full meal plan \$1,797.00 \$ \_\_\_\_\_  
 King Bed  Double Beds \$1,897.00 \$ \_\_\_\_\_ (after Dec 15, 2016)

**Participant Double Room** (self plus another registered double participant sharing room) includes meal plan \$1,435.00 \$ \_\_\_\_\_  
 Share Participant Name: \_\_\_\_\_ \$1,535.00 \$ \_\_\_\_\_ (after Dec 15, 2016)  
 King Bed  Double Beds

**Guests** (sharing room with fully paid participant) includes meal plan  
 King Bed  Double Beds

Full meal plan \$610.00 Dinners and socials \$290.00 decline plan  
 Name: \_\_\_\_\_ \$ \_\_\_\_\_   
 Name: \_\_\_\_\_ \$ \_\_\_\_\_   
 Name: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Payment Due:** \$ \_\_\_\_\_

**Fees include room+ tax(5 nights) for Conference dates April 9-14, 2017 and all organized meals taken with conference, social hours, coffee breaks, all general sessions, audio visual, and conference management.**

Any special needs: \_\_\_ Wheelchair accessible \_\_\_ Vegetarian meals \_\_\_ Other (Please clarify)