



**40th Annual Stationary Source Sampling & Analysis
for Air Pollutants Conference**
Sunday, March 20 - Friday, March 25, 2016
Grand Hotel Marriott Resort, Point Clear, Alabama

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)

REGISTRATION FEES

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

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 4.75% transaction 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 \$1,712.00 \$ _____
 King Bed Double Beds \$1,812.00 \$ _____ (after Dec 1, 2015)

Participant Double Room (self plus another registered double participant sharing room) includes meal plan \$1,380.00 \$ _____
 \$1,480.00 \$ _____ (after Dec 1, 2015)
 Share Participant Name: _____

King Bed Double Beds

Guests (sharing room with fully paid participant) includes meal plan

King Bed Double Beds

Full meal plan \$625.00 Dinners and socials \$285.00 decline plan

Name: _____ \$ _____

Name: _____ \$ _____

Name: _____ \$ _____

Total Payment Due: \$ _____

Fees include room + tax (5 nights) for Conference dates March 20-25, 2016 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)



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Name: _____ Company/Organization: _____

For Credit Cards: Please Print Clearly

Type of Card: ___ MC ___ Visa (Sorry, no American Express or Discover) Business ___ or Personal ___

Name on Card: _____

Billing Address: _____

Credit Card #: _____

Expiration Date: _____ Card Security Code: _____

Signature: _____ Date: _____

The total amount will be indicated on your statement as **Hospitality Management Systems**.
 Please note a 4.75% transaction fee will be applied to credit card payments.

For Purchase Orders:

Payment for my participation at the above conference has been initiated by:

Contact's Name and Position: _____

Contact's Telephone: _____

Fax: _____ email: _____

Organization: _____

Signature: _____ Date: _____

Mailing Address: _____

Mail, Fax or Email registration forms to:

Antoinette Chartier Fax: 805.684.6979
 SES Conference Director Email: alchms@cox.net
 6508 Camino Carreta
 Carpinteria, CA 93013

**Please do not mail any conference payment or registration forms to the North Carolina
 SES mailing address.**

All of the SES Conference materials should be sent to the address above.

SES Membership Dues: \$_____

The SES membership dues are \$15.00 per year (you can pay for multiple years). Payable by check only. **Please send a separate check, payable to the "Source Evaluation Society" P.O. Box 12124 Triangle Park, NC 27709-2124. Membership dues can also be paid on-site.**

Contact Information for SES Conference Director:

Name:	Antoinette Chartier	6508 Camino Carreta
	SSSAAP Conference Director	Carpinteria, CA 93013
	Telephone: 805.684.1284	Fax: 805.684.6979
	Email: alchms@cox.net	