Controlled Environment Testing Association
Twelfth Annual Meeting

May 1-4, 2004 • Hotel Loews Le Concorde • Quebec City, Canada

NOTE: Registration for the conference does not automatically reserve a hotel room. For accommodation information, please refer to the attached preliminary program brochure. Dues must be current in order to receive the member rates for the conference.

Name _____
(Last Name) (First Name)

Nickname for Name Badge _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Registration Fees

(Prior to April 2, 2004)

Annual Meeting (includes opening reception, two lunches, three breakfasts, and annual banquet)

CETA Member ..... $360 ..... $_____

Additional Corporate Rep ..... $285 ..... $_____
(Additional representative rate is for corporate members only.)

Non-Member ..... $460 ..... $_____

(After April 2, 2004)

Annual Meeting (includes opening reception, two lunches, three breakfasts, and annual banquet)

CETA Member ..... $460 ..... $_____

Additional Corporate Rep ..... $385 ..... $_____

Non-Member ..... $560 ..... $_____

Other (exhibitor, sponsor) ... (please call for price) ..... $_____

One Eagleson Course (See reverse side for details. Check either Saturday or Sunday.)

❑ Saturday Afternoon: Risk Assessment for Certification Professionals
❑ Sunday Afternoon: Electrical Troubleshooting in BSCs

CETA Member ..... $175 ..... $_____

Non-Member ..... $195 ..... $_____

Both Eagleson Courses

CETA Member ..... $265 ..... $_____

Non-Member ..... $290 ..... $_____

Tuesday Seminar (Introduction to Photometer Operation, Maintenance and Simple Repair, ATI Inc. SPACE IS LIMITED.)

CETA Member ..... $175 ..... $_____

Non-Member ..... $195 ..... $_____

Annual Golf Outing ..... $110 ..... x _____ (qty) = ... $_____

Name _____ Handicap _____

Additional Guest Banquet Ticket .... $45 ..... x _____ (qty) = ... $_____

Circle Your Shirt Size: S M L XL (One golf shirt is included with each conference registration.) Additional shirts may be purchased for $40 each.)

$40 ..... x _____ (qty) = ... $_____

TOTAL (enclose payment with this form) ..... **$**_____

Method of Payment

❑ Check ❑ VISA ❑ MasterCard

Credit Card # _____ Exp. Date _____

Signature _____

Please mail or fax your registration ASAP to CETA headquarters. Must enclose payment with form.

CETA, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607
Fax (919) 787-4916 • Phone (919) 861-5576

Requests for refunds must be received in writing before April 26, 2004, and will be assessed a $50 handling fee.

Do you have special needs? _____