

Controlled Environment Testing Association Thirteenth Annual Meeting

April 16-19, 2005 • Myrtle Beach, South Carolina



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 March 18, 2005)

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 March 18, 2005)

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 Educational Seminar (Details on reverse. Check either Sat or Mon.)

- Saturday Afternoon: Understanding the Environmental Requirements of USP chapter 797
 - Monday Afternoon: Understanding and Testing Barrier Isolators
- CETA Member \$175 \$ _____
 Non-Member \$195 \$ _____

Both Educational Seminars

CETA Member \$265 \$ _____
 Non-Member \$290 \$ _____

Exhibiting (Fees in addition to regular registration rates)

CETA Member \$400 \$ _____
 Non-Member \$600 \$ _____

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

Name _____ Handicap _____

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

Circle Your Shirt Size: S M L XL (One 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 4, 2005, and will be assessed a \$50 handling fee.

Do you have special needs? _____