

## Registration Form

**Each registrant must submit a separate form (make as many copies of this form as needed).**

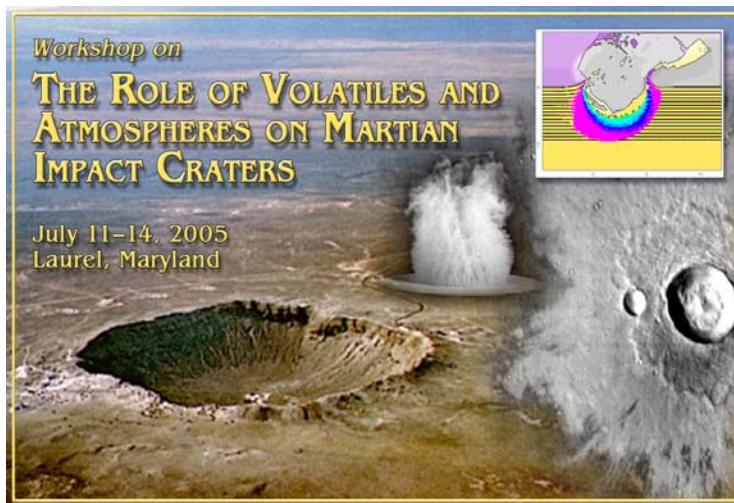
Please abbreviate long names and affiliations the way you would prefer to see them on your badge.

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**RETURN THIS FORM BY JUNE 27, 2005,**  
to **MARS CRATER WORKSHOP 2005,**  
c/o J. Plescia, Mail Stop MP3-E167,  
The Johns Hopkins University Applied Physics Laboratory,  
11000 Johns Hopkins Road, Laurel MD 20723-6099.

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For registration information contact JHU/APL  
Phone: 240-228-1468; fax: 240-228-8939;  
e-mail: marscrater@jhuapl.edu



### Registrant Information

PLEASE PRINT CLEARLY.

LAST NAME	FIRST NAME	M.I.
AFFILIATION		
ADDRESS (STREET)		
(CITY)	(STATE)	(ZIP)
PHONE		FAX
E-MAIL	US CITIZEN? (Y/N)	Require Special Accommodations? (We will contact you for further details)

**Yes, I plan to attend the walking tour of JHU/APL on Thursday afternoon**

**Payment must accompany form. Cancellations with requests for refunds (less a \$25.00 processing fee) will only be accepted through June 27, 2005.**

___ @ \$150.00 Professional Registration through June 10, 2005	___ @ \$200.00 after June 10, 2005	\$ _____
___ @ \$120.00 Student Registration through June 10, 2005	___ @ \$170.00 after June 10, 2005	\$ _____
___ @ \$00.00 Working Press		\$ _____
___ @ \$35.00 Tues. evening dinner banquet		\$ _____
Total Enclosed		\$ _____

Payment should be made by credit card (Visa or MasterCard), personal check, money order, or bank check. Visa and Mastercard will be accepted for advance registration **only**. Credit cards will not be accepted for onsite registration. Please bring a check, cash, or money order if you plan to register onsite.

#### Please Indicate Method of Payment

<input type="checkbox"/> Check or money order payable to the <b>MARS CRATER WORKSHOP 2005,</b> c/o J. Plescia (checks must be in U.S. dollars drawn on a U.S. bank)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
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Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name As It Appears On Card \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_