

**CONFERENCE REGISTRATION FORM**  
**1999 Workshop**  
on  
*Nonneutral Plasmas*

**Princeton University, Princeton, New Jersey**  
**August 2-5, 1999**

**Deadline for receipt of this form is May 14, 1999**

**Please fill in each section completely:**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Affiliation** \_\_\_\_\_ **Passport No. & Exp. Date\*** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_ **Citizenship\*** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Place & Date of Birth \*** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

\*Applies to Non U.S.Citizens only

**Conference Registration Includes, Participation in all Sessions,  
Book of Abstracts, and Proceedings.**

<b>Registration Fee (before May 14, 1999)</b>	<b>\$100.00</b>
<b>Registration Fee (after May 14, 1999)</b>	<b>\$150.00</b>
<b>Student Registration Fee</b>	<b>\$ 25.00</b>

<b>Banquet and Reception Tickets Attendee/Guest (Personal Checks only)</b>	<b>\$ 50.00</b>
--	-----------------

**Name of Accompanying Guest:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

Please make checks (U.S. Dollars), payable to: *1999 Nonneutral Workshop*, and forward along with this completed form by May 14, 1999 to:

Ms. Terry Greenberg  
Princeton Plasma Physics Laboratory  
P. O. Box 451, MS-17  
Princeton, NJ 08543-0451 USA

Please note that we are unable to accept credit cards.