# 2009 SEM Annual Conference & Exposition Registration

**Name & Address** (Please print or type)

**Register on the web: sem.org**

Organized by the
**Society for Experimental Mechanics, Inc.**
7 School Street • Bethel, CT 06801 USA
203/790-6373 • fax 203/790-4472
sem@sem1.com • sem.org

First Name, M.I. _____ Last/Family Name _____

Spouse (if attending) _____ SEM Member Number - Please Provide _____

Company/University _____

Address (include Mail Stop) _____

City, State _____ Zip/Postal Code _____

Country (other than USA) _____

Phone _____ Fax _____

Email _____

Please Check: ☐ Speaker, Session _____ ☐ 1st Time Attending SEM Conference

**Registration Policy**

Registration form and payment or PO must be received by May 18, 2009 for prepayment savings. On May 19, 2009, on-site registration prices will prevail. All checks must be in US funds, drawn on a US bank. Cancellations received prior to May 18, 2009 will be refunded less a $50.00 handling fee. No refund will be given for cancellations received after May 18, 2008. Cancellation notification must be faxed or emailed to Shari Matthews: Fax 203-790-4472; reg@sem1.com.

* To qualify for member rate, SEM members must be in good standing prior to May 18, 2008.

+ **Students MUST have a letter proving full-time status to qualify for student rates.**

## A. CONFERENCE REGISTRATION

| | |
|---|---|
| Member * | $650 |
| Student Member +* | $150 |
| Member & Membership Renewal | $722 |
| Non-Member± | $750 |
| Student Non-Member+± | $200 |

*Conference registration fee includes CD-ROM Conference Proceedings, Welcome Reception, 3-day Exposition, President's Reception, & one ticket to the All Society Awards Luncheon*

±Payment of non-member registration fees entitles you to one year's free membership in SEM.
☐ No, thank you. Although I am a non-member, I do not wish a year's free membership in SEM
☐ Yes, I am a non-member and I would like one year's free membership in SEM

| | | |
|---|---|---|
| Retired SEM Member | NC | NC |
| Exposition Only | NC | NC |

Please check for Exposition Only Registration ☐

**Please list any special meal requirements you have here** _____

**Do you plan to attend the All Society Awards Luncheon on Tue., June 2, 2009?**

**YES** ☐

**NO** ☐

*Luncheon is included in conference registration*

**Section A Total**
**$**

## B. PRECONFERENCE COURSES

*Half-day courses, Sunday, May 31, 2009*

**** The following courses are free to paid conference attendees, but registration is required ****

| | |
|---|---|
| 102: Hole-Drilling Residual Stress Measurements | NC, Check if attending ☐ |
| 103: Kolsky Bar (SHPB) | NC, Check if attending ☐ |
| 104: MEMS Fabrication, Testing and Characterization | NC, Check if attending ☐ |

**Section B Total**
**$**

## C. SOCIAL EVENTS & MISCELLANEOUS

| | |
|---|---|
| Additional Ticket(s) for the SEM All Society Awards Luncheon, Tue., June 2 | Qty _____ @ $50 |
| Tram Ride to Sandia Peak & Dinner at *High Finance Restaurant,* Wed., June 3, 6:00 PM | Qty _____ @ $75 |
| SEM Membership Add-on(s): Chosen Add-on(s) _____ | $ _____ |
| *Visit sem.org or contact SEM (joni@sem1.com) for information about available membership add-on options* | |
| Donation to the SEM Development Fund *(Tax deductible)* | $ _____ |
| Donation to the SEM Education Fund *(Tax deductible)* | $ _____ |
| Donation to the SEM Building Fund *(Tax deductible)* | $ _____ |
| Donation to the D.J. DeMichele Scholarship Fund *(Tax deductible)* | $ _____ |

**Section C Total**
**$**

☐ If, due to a disability, you have special needs or requirements, check here and SEM will contact you.

**PAYMENT INFORMATION**

☐ Check payable to SEM in US dollars, drawn on US bank
☐ Invoice my company. Company purchase order ***MUST*** accompany this request
☐ Charge my MasterCard, VISA or American Express

Card No.: | | | | | | | | | | | | | | | | |

Expiration Date: _____/_____ (Month / Year)

Print Name on Card: _____

Signature: _____

**TOTAL DUE SEM**
**$**