

IASH 2009, the 11th International Conference on
Stability, Handling and Use of Liquid Fuels

*“Challenges for the Use of New Fuels
for the 21st Century”*

Ms. Darnette Holbert
Meeting Expectations
3525 Piedmont Road
Five Piedmont Center, Suite 300
Atlanta, GA 30305

E-Mail: iash@meetingexpectations.com
Tel: +1 (404) 760-2829
Fax: +1 (404) 240-0998

(Please Print or Type)

(Dr./Mr./Ms./Other) First, Last or Family Name:	
First Name or Nickname: <i>(As you would like it to appear on your name badge)</i>	Speaker: Yes No
Organization:	
Mailing Address:	
City:	State/Province:
Country:	Zip/Postal Code:
Telephone:	Fax Number:
E-mail:	
Dietary Restrictions & Special Needs:	Guest/Spouse Name:

Registration Rates:

___ Early (Before July 31, 2009):	US \$1,200	___ Student:	US \$990
___ Regular (After July 31, 2009):	US \$1,450	___ Gold Sponsor:	US \$0*
___ Speaker/Poster Presenter:	US \$990	___ Silver Sponsor:	US \$0*
___ One Day Only (Mon., Oct 19):	US \$350	___ Exhibitor:	US \$0*
___ One Day Only (Tues., Oct 20):	US \$350	___ Non-Sponsor Sustaining Member:	US \$0*
___ One Day Only (Wed., Oct 21):	US \$350	___ Non-Sponsor Supporting Member:	US \$0*
___ One Day Only (Thurs., Oct. 22):	US \$350	___ Officer/Keynote Speaker/Awardee:	US \$0*

***Promotion Code for \$0 Registrants**

Gala Dinner:

If you would like to bring a spouse or guest to the Gala Dinner taking place Wednesday, October 21, 2009 there will be an additional fee of US \$100. **Please note, as a registered attendee, you will NOT have to pay any additional fees to attend the dinner; this additional fee is for spouses or guests only.**

___ Yes, I will bring a guest
___ No, I will not bring a guest

Payment Information: Please indicate payment method

Check (Payable to IASH) Wire Transfer
Card Type: American Express Mastercard Visa
Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Total Enclosed: \$ _____

Refunds will be granted if requested in writing by August 31, 2009.