

Health Physics Society Midyear Topical Meeting – Registration Form
January 24-27, 2010, Albuquerque, New Mexico

CHP? Yes No
 NRRPT? Yes No

Name for badge: (Last) _____ (First) _____ (Nickname) _____
 Affiliation (for badge)(limit to 18 characters and spaces): _____
 Address : _____ HPS Member #: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Business Phone: _____ FAX: _____ E-mail: _____
 If Registering - Companion Name: _____

Preregistration Deadline: December 24

| REGISTRATION FEES: (Mark Appropriate Boxes) | Preregistration | On-Site Fees |
|--|-----------------|--------------|
| <input type="checkbox"/> HPS Member (Receptions, Exhibitor Lunch, Proceedings) | \$390.00 | \$475.00 |
| <input type="checkbox"/> Non-Member* (Receptions, Exhibitor Lunch, Proceedings) | \$485.00 | \$575.00 |
| <input type="checkbox"/> HPS Member (Receptions, Exhibitor Lunch, Proceedings) + Annual Dues | \$515.00 | \$600.00 |
| <input type="checkbox"/> Emeritus Member | \$195.00 | \$238.00 |
| <input type="checkbox"/> One Day | \$250.00 | \$250.00 |
| <input type="checkbox"/> Student (Receptions and Proceedings) | \$ 60.00 | \$ 60.00 |
| <input type="checkbox"/> Companion (Receptions, Hospitality Room) | \$ 65.00 | \$ 65.00 |
| <input type="checkbox"/> Emeritus Companion (Receptions, Hospitality Room) | \$ 33.00 | \$ 33.00 |
| <input type="checkbox"/> Exhibits Only | \$ 35.00 | \$ 35.00 |
| <input type="checkbox"/> Additional Copy of the Proceedings | \$ 35.00 | \$ 35.00 |

*Includes HPS Associate Membership for year 2010 - First Time Members Only

TECHNICAL TOURS:

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|---|---------------------------|---------------------------------|
| <input type="checkbox"/> LANSCE (Wed 7 am-5 pm, 1/27) | # of Tickets _____ X \$48 | # of Tickets _____ X \$53 _____ |
| <input type="checkbox"/> Ethicon Endo-Surgery (Wed 1-4:30 pm, 1/27) | # of Tickets _____ X \$40 | # of Tickets _____ X \$45 _____ |
| <input type="checkbox"/> Sandia Natl Lab (Wed 1-4:30 pm, 1/27) | # of Tickets _____ X \$40 | # of Tickets _____ X \$45 _____ |

NIGHT OUT/DINNER:

| | | |
|--|---------------------------|---------------------------------|
| <input type="checkbox"/> Museum Nuclear Sci/History (Tues 6-10 pm, 1/26) | # of Tickets _____ X \$68 | # of Tickets _____ X \$73 _____ |
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AAHP (Saturday, January 23) AND PEP (Sunday, January 24) COURSES:

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|---|----------|
| <input type="checkbox"/> Course 1 – Operational Health Physics & Radiological Engineering...(J. Mohindra) | \$200.00 |
| <input type="checkbox"/> Course 2 – Stakeholder Engagement for RP Professionals (M. Radonich) | \$200.00 |

8:00–10:00 AM (3 concurrent courses)

- 1-A Risk Assessment and Risk Communication: A Review of the State of the Art, Part 1 (J.E. Till)
- 1-B Medical Internal Radiation Dosimetry: Update on MIRD ... (D.R. Fisher, W.E. Bolch)
- 1-C Radiation Risk Communication at the Hanford Site (L.B.S. Rock)

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| 8:00-10:00 AM ___/___ = \$60.00 1st 2nd <input type="checkbox"/> Yes, stand by |
| 10:30 AM-12:30 PM ___/___ = \$60.00 1st 2nd <input type="checkbox"/> Yes, stand by |
| 2:00-4:00 PM ___/___ = \$60.00 1st 2nd <input type="checkbox"/> Yes, stand by |

10:30 AM–12:30 PM

- 2-A Risk Assessment and Risk Communication: A Review of the State of the Art, Part 2 (J.E. Till)
- 2-B Crisis Communications for Health Physicists: Part 1 (H. Burnett, J. Wieder)
- 2-C Radiation Risk Compared with other Occupational Hazards (G. Ceffalo)

2:00–4:00 PM

- 3-A Working with the Media during a Radiological Event (R.G. Edmond)
- 3-B Crisis Communications for Health Physicists: Part 2 – Delivering your Message (H. Burnett, J. Wieder)
- 3-C Key Response Planning Factors for the Aftermath of Nuclear Terrorism (B. Buddemeier)

PAYMENT INFORMATION—Purchase Orders NOT Accepted for AAHP/PEP or Tour Registration

If paying by check, make payable and mail to:

Health Physics Society, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101

VISA MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

Cardholder Address: _____

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| Federal TAX ID #04-6050367 |
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|-----------------------------------|-----------------|
| Registration Section Total | \$ _____ |
| Technical Program/Night Out Total | \$ _____ |
| AAHP & PEP Section Total | \$ _____ |
| TOTAL FEES | \$ _____ |

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| If you are sending this by FAX, (703) 790-2672, PLEASE do not mail the original |
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