



Portions of the Workshop sponsored by:



Organizing Committee
David Lumley, General Chairman

When you submit your registration, please print this form and use the information provided below.

SRW Banff
Attn: Amy Watson
P.O. Box 702740
Tulsa, OK 74170
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Fax: +1-918-497-5557
Email: awatson@seg.org

Note: Any recording (photographic, electronic, etc.) during the workshop is prohibited to allow for the sharing of confidential data and to stimulate open discussion among the attendants. Printed reference to the workshop presentations or discussions is not permitted without consent.

Early Registration Deadline: 13 July 2009
Payment Required with Registration

PLEASE TYPE OR PRINT LEGIBLY

Mr. Ms. Dr. Student

Name

First/Given Name (as will appear on badge)

Last/Family Name

Company

Mailing Address

City

State

Postal Code

Country

E-mail

Phone

Are you currently a member of SEG? Yes No

Are you currently a student? Yes No

Are you giving a presentation? Yes No

➤ **Registration Fee covers the entire workshop, no partial registration for individual days. Please complete the following information:**

EARLY REGISTRATION FEE..... **US\$655**

(by 13 July) Registration fee includes: Welcome Reception (Sun.), Coffee Breaks (during meeting), and three Lunches (during meeting).

LATE DELEGATE REGISTRATION FEE..... **US\$755**

(after 13 July) Registration fee includes: Welcome Reception (Sun.), Coffee Breaks (during meeting), and three Lunches (during meeting).

FIELD TRIP..... **per person US\$75**

"Columbia Icefields," Sunday, 23 August (limited to 56 people)

US\$75 x _____ = US\$_____

GUEST ICEBREAKER TICKETS..... **per person US\$60**

Must be purchased in advance. Delegate's Icebreaker Tickets included in registration fees.

US\$60 x _____ = US\$_____

TOTAL REMITTANCE..... **US\$**

METHOD OF PAYMENT — Check or money order

(Payable to: Society of Exploration Geophysicists)

Charge to my credit card account: (Circle one)

American Express MasterCard Diner's Club Discover VISA

Acct. Number: _____

Expiration Date: _____

Name (on card) _____

Signature _____

Postal Code: _____

Please indicate any special needs (Vegetarian, Diabetic, etc.):

EMERGENCY CONTACT INFORMATION:

Name:

Relationship:

Phone:

<http://www.seg.org/meetings/srw2009>