REGISTRATION FORM

Synchrotron Radiation Center
Workshop on Electron-Phonon Interactions
Saturday, October 26, 2002

ADVANCE REGISTRATION REQUESTED
DEADLINE: OCTOBER 15, 2002

<table>
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<tr>
<th>Name</th>
<th>Organization</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
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Phone Number:      FAX Number:  

Email:  

REGISTRATION FEE:

Workshop on Electron-Phonon Interactions  _____ x $25  ____
(includes meeting materials, breakfast, breaks, and lunch)

TOTAL  $$

O  I have the following special needs:  

O  I require vegetarian meals.

(For UW employees, you may submit an internal requisition issued to the Synchrotron Radiation Center through your UW department, but it must state “confirming requisition” in the explanation and include the Fund 128 A 34 9200 4 2650.)

PLEASE MAKE CHECKS PAYABLE TO:  University of Wisconsin-Madison

Mail to:  Pamela Layton, Synchrotron Radiation Center
3731 Schneider Drive, Stoughton, WI 53589
Phone: (608) 877-2000;  FAX: (608) 877-2001;  Email: playton@src.wisc.edu