



Eastern States Section of the Combustion Institute Fall 2005 Meeting



Send registration form & checks/credit card info to:

Professor William Roberts
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Name _____ Affiliation _____

Address _____

City, State Zip _____

Tel: _____ FAX: _____ e-mail: _____

Registration Fee	Paid by Oct 28, 2005	After Oct 28
<input type="checkbox"/> Combustion Institute members	\$250	\$325
<input type="checkbox"/> Non-members	\$280	\$355
<input type="checkbox"/> Students	\$50	\$80

Welcome Reception: Sunday, November 13, 6:00 – 9:00 pm
Cape Florida (Room 316), Student Union, University of Central Florida
Includes light refreshments, cash bar

- I expect to attend _____ [Gratis]
- Number of guests _____ @ \$10 each

Banquet: Monday, November 14, 7:00 – 9:00 pm; Cash Bar begins at 6:00 pm
\$35/person

Cape Florida (Room 316), Student Union, University of Central Florida
Indicate number of persons for each choice of entrée
Chicken ___ Fish ___ Vegetarian ___
Advance registration for the banquet is encouraged.

Payment - Due October 28 if early registration

- Paid herewith US \$ _____
- By check (Payable to: Eastern States Section, Combustion Institute)
- By credit card: MasterCard Visa
Card No. _____/_____/_____/_____ Exp. Date: _____
Cardholder name _____ Cardholder signature _____
- Will pay at meeting