REGISTRATION FORM

1998 INTERNATIONAL CONFERENCE ON CORROSION AND REHABILITATION OF CONCRETE STRUCTURES

December 7-11, 1998 • Orlando, Florida

Name _________________________________ Name for Badge ____________________

Guest(s) Name _________________________________ Name for Badge _________________

Title ______________________________________________________________________________

Organization _______________________________________________________________________

Address ___________________________________________________________________________

City _______________________________ State ___________ ZIP ______________

Country _______________________________ Phone ________________________________

Fax ____________________________________ Email ________________________________

PLEASE CHECK ONE—

Government: ☐ State/Provincial ☐ Local ☐ Federal

☐ Industry ☐ Academia ☐ Association/Nonprofit

Are you a presenter at the conference? ☐ Yes ☐ No

Are you an exhibitor at the conference? ☐ Yes ☐ No

Are you a sponsor? ☐ Yes ☐ No

Registration Fee ($US): The registration fee includes all technical sessions, opening reception, sponsored lunches, pizza party, sponsored breakfasts, all breaks, closing banquet, and one set of the conference proceedings on CD-ROM. Extra tickets to the reception and meal functions and extra copies of the proceedings will be sold at the registration desk.

<table>
<thead>
<tr>
<th>Standard registration Through 10/16/98</th>
<th>After 10/16/98</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard registration $320.00</td>
<td>$395.00</td>
<td></td>
</tr>
<tr>
<td>Government Employees $175.00</td>
<td>$225.00</td>
<td></td>
</tr>
<tr>
<td>Student $60.00</td>
<td>$60.00</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal

OPTIONAL ITEMS

<table>
<thead>
<tr>
<th>Event</th>
<th>Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golf Outing</td>
<td>$55.00 per person</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal

METHOD OF PAYMENT:

☐ Check (please make check payable to Visions USA-ICCRCS). Checks must be in U.S. dollars drawn on a U.S. bank.

☐ MasterCard  ☐ Visa

Card Number ____________________________________ Expiration _____________________

Signature __________________________________________

☐ Wire Transfer: wire transfer in U.S. dollars to Wachovia account number 13157863

Do you require special accommodations? Please specify: ________________________________

________________________________________________________________________________

Return form to:

Visions USA, 57 Forsyth Street NW, Suite 1000, Atlanta, GA 30303, Fax: 404-880-0404