



The 61st ENC

Experimental Nuclear Magnetic Resonance Conference

March 8 - 13, 2020 | Hilton Baltimore Inner Harbor

CONFERENCE REGISTRATION | Advance Registration Deadline: February 14, 2020

After February 14 deadline fees increase by \$50. Download/save this form to desktop and complete, then 'File > Save As...'

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|-----------------------------------|------------|
| First Name | Last Name: |
| Affiliation: | |
| Mailing Address: | |
| City, State/Country, Postal Code: | |
| Email: | |

CONFERENCE REGISTRATION

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| <p>Please check box for your registration type/fee.</p> <p>FOR STUDENTS, you must be a full-time student at the conference. Please indicate your advisor's name and email below.</p> <p>Advisor Name:</p> <p>Advisor Email:</p> <p>**One-day registration can only be processed on-site, please bring completed form with you to the conference registration window and we will process and print badge.</p> | <input type="checkbox"/> <i>Before Feb 14, Advance Regular Registration, \$510</i> <input type="checkbox"/> <i>After Feb 14, Late Regular Registration, \$560</i> <input type="checkbox"/> <i>Before Feb 14, Advance Student Registration, \$97</i> <input type="checkbox"/> <i>After Feb 14, Late Student Registration, \$147</i> <input type="checkbox"/> <i>One-day Registration, \$250**</i> |
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EXTRA ITEMS

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| <p>Banquet Dinner (Thurs, March 12), \$40 The \$40 ticket cost includes buffet dinner and entertainment. Alcoholic beverages are not included, there will be a cash bar.</p> <p>Companion Badge (guest), \$50 A companion badge is for guests (e.g. spouse/companion). Guests have access to welcome reception, coffee breaks, and hospitality suites.</p> | <input type="checkbox"/> Off-site Fee, \$200 <input type="checkbox"/> Banquet Dinner, \$40 <input type="checkbox"/> Companion Badge, \$50 |
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| TOTAL AMOUNT | \$ |
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| <input type="checkbox"/> PAY BY CHECK for Total Amount. Check must be drawn from a U.S. bank. Check payable to 'ENC, Inc.' <input type="checkbox"/> PAY BY CREDIT CARD , charge the Total Amount to the card below (Visa, MC, or Amex). |
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|---------------------------|----------------------------|
| Card number: | Expiration Date (MM/YYYY): |
| Cardholder Name: | Security Code (CVV): |
| Billing Address Zip Code: | |

PLEASE RETURN THIS FORM TO ENC BY FEBRUARY 14, 2020

By email, enc@enc-conference.org, or fax (505) 989-1073.