



**FUEL CELL TECHNOLOGY INSTITUTE 2003**  
**Registration Form**  
 June 23-26, 2003  
 Hyatt Regency Irvine, Irvine, CA

**1. CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Company \_\_\_\_\_  
 Address1 \_\_\_\_\_  
 Address2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**2. REGISTRATION FEES \$US**

<b>Individual:</b>	<b>2 Day InSTITUTE</b>	<b>DG Workshop</b>	<b>H2 Workshop</b>
<b>Before May 28, 2003</b>	<input type="checkbox"/> US\$695.00	<input type="checkbox"/> US\$150.00	<input type="checkbox"/> US\$150.00
<b>After May 28, 2003</b>	<input type="checkbox"/> US\$895.00	<input type="checkbox"/> US\$250.00	<input type="checkbox"/> US\$250.00
<b>Association Partner (member of USFCC):</b>			
<b>Before May 28, 2003</b>	<input type="checkbox"/> US\$595.00	<input type="checkbox"/> US\$150.00	<input type="checkbox"/> US\$150.00
<b>After May 28, 2003</b>	<input type="checkbox"/> US\$795.00	<input type="checkbox"/> US\$250.00	<input type="checkbox"/> US\$250.00
<b>Student/Government: Full conference</b>	<input type="checkbox"/> US\$495.00	<input type="checkbox"/> US\$100.00	<input type="checkbox"/> US\$100.00
<b>CEU Accreditation Certificate</b>	<input type="checkbox"/> US\$50.00	<input type="checkbox"/> US\$50.00	<input type="checkbox"/> US\$50.00

2 Day Institute fee includes conference manual, two lunches, coffee breaks, technical tour and NFCRC off-site reception.

**3. PAYMENT DUE** – Please add all selections and total here → \$ \_\_\_\_\_ **Total Due**

Payment must accompany registration. Cancellations must be received in writing before May 24, 2003. Substitutions may be made at any time by contacting the registration office listed below.

**4. METHOD OF PAYMENT** (Payment is required with registration. Admittance to the conference will only be allowed after payment is collected.)

- Check /Cashiers' Order:** Enclosed is my payment for \_\_\_\_\_ made payable to: **U.C. Regents**
- Credit / Charge Card:**     Visa             MasterCard

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

... **TO REGISTER** please send completed form to: **Fax: +1-949 824-7423** or by mail: **FCTI 2003, National Fuel Cell Research Center, University of California, Irvine CA 92697-3550 USA.** For more information please visit our website at [www.nfcrc.uci.com/fcti](http://www.nfcrc.uci.com/fcti) or call (949) 824-1999.