

**3rd Annual Joint Western Regional
 Mine Safety and Health Conference
 October 22-25, 2007
 The Orleans Hotel and Casino
 Las Vegas, Nevada**



Group Registration Form - (Registrations will not be accepted by phone)

Contact Name: _____
 Organization: _____
 Address: _____ City _____
 State and Zip: _____
 Day Phone: _____ Fax _____
 Email Address: _____

Attendees: (please attach additional sheet if more names are being registered)

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|-------|-------------------------------|-------|-------------------------------|
| _____ | Golf <input type="checkbox"/> | _____ | Golf <input type="checkbox"/> |
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Registration fees per person:

| | | |
|---------------------------------------|---------------|----------------|
| Conference admission (by Sept. 28) | _____ @ \$250 | total \$ _____ |
| Conference admission (after Sept. 28) | _____ @ \$300 | total \$ _____ |
| Additional Awards Ceremony tickets | _____ @ \$20 | total \$ _____ |
| Golf Tournament (Sept. 22, 2007) | _____ @ \$100 | total \$ _____ |

Total Fees \$ _____

- Enclosed is a check made payable to the Board of Regents for \$ _____
- Company PO # _____ please fax to (775) 754-6575
- Or please charge my credit card

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |

To pay by credit card

Card Number: _____ Exp ____ / ____
 Card Type: _____ (Visa, MasterCard, etc.)
 Name on Card: _____
 Billing Address: _____
 Billing City, State and Zip: _____
 Signature as it appears on card X _____

Mail or fax completed form to: (Registrations will not be accepted by phone)

Joint Western Regional Mine Safety and Health Conference
 Fire Science Academy
 University of Nevada, Reno
 PO Box 877, Carlin, NV 89822 • 1-866-914-0015 or (775) 754-6003 • Fax (775) 754-6575