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

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

Name:_____
Title: _____
Organization: _____
Address:_____ City_____
State and Zip:_____
Day Phone:_____ Fax_____
Email Address:_____

Registration fees:

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 ❑ Visa ❑ MasterCard
❑ Discover ❑ 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)***

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