

2019 International Topical Meeting on Probabilistic Safety Assessment and Analysis

(**PSA19**)

April 28-May 3, 2019 * Charleston, South Carolina * Charleston Marriott

CONTACT INFO	ORMATION			ANS ID		
Prefix First	t	Middle	_ Last Name	Designation (Ph.D, PE, etc)		
First Name to Ap	pear on Badge		Spouse/Guest Name (bad	ge required to attend events**)		
Job Title			Company Affiliation			
Street Address						
City / State			Zip Code/Postal Code_	Country		
Telephone			Email (required)			
Please check all that apply:		d a VISA/Invitation La re to be removed from	etter to attend this conference. distribution listing.	☐ & ADA (specify) ☐ Food Allergies (specify)		
MEETING R				alifying ANS individual national members only; qualify for member rate unless otherwise specified.		
FULL MEETIN REGISTRATIO	NG and Aftern NO ** Spouse	oon daily breaks, and /Guest registration in	PSA 2019 Proceedings.	rsday Banquet, Lunch (M, T, and Th), Morning ption, Monday PSA 2019 Reception, Thursday		
		Early Bird Paid by Apri	I 1, 2019 Fee P	aid After April 1, 2019		
ANS Member		\$ 900		□ \$ 1,000		
ANS Emeritus N	Member	\$ 350		□ \$ 400		
ANS Young Me	ember	\$ 700	I	⊐ _{\$800}		
Non-Member		□ _{\$ 1,100}		3 \$ 1,200		
ANS Student M	ember	□ _{\$ 350}		3 \$ 400		
Spouse/Guest *	*	\$ 250		3 \$ 300		
Additional Boot	h Staff/Expo Only	\$ 500 Exp	o access only; does not include	Technical Sessions, or publication.		
Sponsors and Exhibitors Complimentary full meeting registrations included as outlined in the Prospectus. Please select appropriate full conference fee. Once sponsor or booth invoice is paid, a Discount Code will be provided to remove the registration fee at checkout. See Prospectus at <u>http://psa.ans.org/2019/exhibitors-sponsors/</u> for more detail on qualifying registrants.						
ONE DAY REC	GISTRATION		Breaks on day of attendance on	ly, and Online Access to the Meeting		
Please Select Da	y:	Proceedings. O Monday O Tu	esday O Wednesday(no lunc	h) O Thursday OFriday (half-day/no lunch)		
ANS Member C	One Day	□ \$	500 (paid by April 1, 2019)	550 (paid after April 1, 2019)		
Non-Member O	ne Day	□ \$	620 (paid by April 1, 2019)	□ \$ 670 (paid after April 1, 2019)		
Friday ANS Me	mber/Non-Membe	er Half-Day 🛛 🗍 💲	300/\$360 (paid by April 1, 2019	9) 🗖 \$350/\$400 (paid after April 1, 2019)		



REGISTRANT:_

EVENT TICKETS Additional tickets purchased that were included in the registration fee will not be refunded after April 1, 2019. You must be registered for the conference to attend a Workshop and/or a Technical or Cultural Tour.

Sunday/April 28: SAPHIRE Tutorial (1:00 pm – 5:00 pm)
Sunday/April 28: Dynamic PSA Workshop (9:00 am-5:30 pm)
Wednesday/ May 1: Savannah River Site High-Level Waste Facilities (Bus departs 9:00 am) # of tickets @ \$ 75 each = \$
Wednesday/ May 1: Plant Vogtle Simulator and Units 3 and 4 Tour (Bus departs 9:30 am) # of tickets @ \$ 85 each = \$
Wednesday/ May 1: Hunley Submarine Tour
Wednesday/ May 1: Charleston "Seismic" Walking Tour
Fri-Sat/May 3-4: MACCS 2-Day Workshop (1:00-5:00 pm Fri; 8:00 am-12:00 pm Sat) Registered Attendee @ \$ 80 = \$
Additional Tickets: Badge required for all (enter Guest name above**).
Please read inclusions above to avoid duplication of tickets. Tickets purchased will not be refunded after April 1, 2019.
Sunday/April 28: Welcome Reception
Monday/April 29: PSA Opening Reception at South Carolina Aquarium # of tickets@ \$ 75 each = \$
Tuesday/April 30: Charleston Harbor Dinner Cruise
Thursday/May 2: Conference Banquet
PSA 2019 COMMEMORATIVE EMBROIDERED POLO
Women's Polo:# Small# Medium# Large# X-Large# @ \$40 each= \$
Men's Polo:# Small# Medium# Large# X-Large# XX-Large# @ \$40 each= \$

GRAND TOTAL AND FORM C	F PAYMENT	\$		
Credit Card Number:			_ Expiration Date:	Security Code:
Cardholder's Signature:		Print Cardholder's Name if Different from Registrant		
Other Payment to Follow:	Check	Wire Transfer		

PLEASE REGISER ONSITE AFTER FRIDAY, APRIL 15, 2019

We accept American Express, Visa, MasterCard, Diners Club and Discover cards.

Make checks payable to ANS in U.S. Funds and Mail to ANS, 97781 Eagle Way, Chicago IL 60678-9770. When sending something to ANS with Express Mail or an overnight service provider, do not use the Eagle Way address; it will be returned. Contact ANS Registrar for overnight shipping information. Credit card registrations may be faxed to 708.579.8234 or emailed to <u>registrar@ans.org</u> Send bank funds transfer to Chase Bank, 10 S. Dearborn St., Chicago IL 60603. ANS Checking Acct #824941, Bank Routing Number (ABA) 0210 0002 1 * SWIFTCODE CHASUS33 * ACH Transfers 0710 0001 3

Registration cancellations must be made in writing prior to April 1, 2019, in order to receive a refund minus \$150 processing fee (\$50 cancellation fee for students and emeritus). **No refunds on meeting registrations or tickets cancelled after April 1, 2019;** however, you may send a substitute. Please contact the ANS Registrar at telephone number 708.579.8316 or email registrar@ans.org with any questions.

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