

**Health Physics Society Midyear Topical Meeting – Registration Form  
January 31-February3, 2009, San Antonio, Texas**

Name for badge: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Nickname) \_\_\_\_\_  
 Affiliation (for badge)(limit to 18 characters and spaces): \_\_\_\_\_ CHP?  Yes  No  
 Address : \_\_\_\_\_ HPS Member #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 If Registering - Companion Name: \_\_\_\_\_

**Preregistration Deadline: December 30**

**REGISTRATION FEES:** (Mark Appropriate Boxes)

	Preregistration	On-Site Fees
<input type="checkbox"/> HPS Member (Receptions and Proceedings)	\$375.00	\$450.00
<input type="checkbox"/> Non-Member* (Receptions and Proceedings)	\$450.00	\$525.00
<input type="checkbox"/> HPS Member (Receptions and Proceedings) + Annual Dues	\$490.00	\$565.00
<input type="checkbox"/> Student (Receptions and Proceedings)	\$ 60.00	\$ 60.00
<input type="checkbox"/> Companion (Receptions)	\$ 65.00	\$ 65.00
<input type="checkbox"/> Exhibits Only	\$ 35.00	\$ 35.00
<input type="checkbox"/> Additional Copy of the Proceedings	\$ 35.00	\$ 35.00

\*Includes HPS Associate Membership for year 2009

**TECHNICAL TOURS:**

- Southwest Research Inst (Mon 12:30-5 pm, 2/2) # of Tickets \_\_\_\_ X \$15 # of Tickets \_\_\_\_ X \$20 \_\_\_\_\_  
 (US Citizenship Required)  
 Univ TX Health Science Ctr (Tues 2:30-4:30, 2/3) # of Tickets \_\_\_\_ X \$15 # of Tickets \_\_\_\_ X \$20 \_\_\_\_\_

**NIGHT OUT/DINNER:**

- Buckhorn Saloon (Mon 6:30-9:30 pm, 2/2) # of Tickets \_\_\_\_ X \$50 # of Tickets \_\_\_\_ X \$55 \_\_\_\_\_

**AAHP (Friday, January 30) AND PEP (Saturday, January 31) COURSES:**

- Course 1 – Internal Contamination & the Radiological Dispersal Device...*(I.S. Hamilton, M.G. Arno)* \$200.00  
 Course 2 – Protective Action Guides *(T. Laische, T. Krauss)* \$200.00

**8:00–10:00 AM (3 concurrent courses)**

- 1-A Introduction to MCNP/MCNPX *(Eric Burgett)*  
 1-B MERRTT, Train the Trainer Session #1 *(B. Buddemeier, T. Clawson)*  
 1-C Accidents Caused by Orphan Radioactive Sources *(J.G. Husko)*

**10:30 AM–12:30 PM**

- 2-A Intermediate MCNP for Homeland Security Applications *(E. Burgett)*  
 2-B MERRTT, Train the Trainer Session #2 and Certification Test *(B. Buddemeier, T. Clawson)*  
 2-C Skin Dosimetry and Varskin 3 *(J. Durham)*

**2:00–4:00 PM**

- 3-A Dose Modeling and Statistical Assessment of Hot Spots *(E.W. Abelquist)*  
 3-B MERRTT, Train the Trainer Session #3: HDER and Current Guides... *(B. Buddemeier, T. Clawson)*  
 3-C Integration of Radiation Protection and Emergency Management Program Assets *(D.C. Ward)*

8:00–10:00 AM ___/___ = \$60.00 1st 2nd <input type="checkbox"/> Yes, stand by
10:30 AM-12:30 PM ___/___ = \$60.00 1st 2nd <input type="checkbox"/> Yes, stand by
2:00-4:00 PM ___/___ = \$60.00 1st 2nd <input type="checkbox"/> Yes, stand by

**PAYMENT INFORMATION**—Purchase Orders NOT Accepted for AAHP/PEP or Tour Registration

If paying by check, make payable and mail to:  
 Health Physics Society, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101

- VISA  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

**Federal TAX ID  
# 04-6050367**

Registration Section Total	\$ _____
Technical Program Total	\$ _____
AAHP & PEP Section Total	\$ _____
<b>TOTAL FEES</b>	<b>\$ _____</b>

If you are sending this by FAX, (703) 790-2672,  
**PLEASE do not mail the original**