Air Toxics Implementation Workshop

August 26 - 29, 1996 ♦ Sheraton Imperial Hotel & Convention Center

LOCAL PARTICIPANT REGISTRATION FORM

Please register early as registration is limited to 350 participants.

(Please type or print clearly) Date: _____

Full Name: *
First M.I. Last

Agency: _____

Address: _____

City _____ State _____ Zip _____

Business Phone: _____ FAX: _____ E-MAIL _____

In case of emergency contact: _____
Name Day Phone Evening Phone

OPTIONAL BASIC TRAINING - MONDAY, AUGUST 26, 1996

r *I will* r *I will not* **be attending the Optional Basic Training on Monday, August 26, 1996**

I would like to attend: r MACT Training *or* r 112(r) Training

INTERACTIVE SESSIONS - WEDNESDAY, AUGUST 28, 1996

I would like to attend: r Risk Exposure Assessment r MACT and other Emission Standards r Implementation Strategy

MEAL OPTIONS - ***Local participants may purch ase meals separately as indicated below. Meal tickets should be picked up at the hotel registration desk up on arrival. Local participants must purchase meals prior to the workshop. Individual meals or meal packages may not be purchased on-site. A credit card number or check for one half of the total meal charges is necessary to reserve your meals.***

r I would like to purchase the following meals:

MON r B ($6) r L ($10) **TUE** r B ($6) r L ($10) **WED** r B ($6) r L ($10) **THUR** r B ($6) r L ($10)

A form of payment is required to reserve your meals

Please charge my credit card: r Visa r MasterCard r American Express r Diners Club

Card Number _____ Exp. Date ____ Signature on Card _____

- **OR** - a check is enclosed for one half total meal charges. Amount: _____

(make all checks payable to Sheraton Imperial Hotel)

SPECIAL EVENTS

r I would like to attend the Durham Bulls baseball game on Wednesday, August 28, 1996.

Special Dietary requirements (be specific): _____

Please indicate any special needs: _____

IMPORTANT: **Cancellations must be received no later than August 16, 1996 in order to release your responsibility for any charges incurred to reserve meals.**

Registrations by FAX (see below) will be accepted for participants wishing to pay by credit card.

For Internal Use Only

Received Date: _____
Check # ____ Amt.Rec'd: _____
ID: _____ Group: _____

Mail or FAX this form before August 9, 1996 to:
(Please keep a copy for your records)
Susan Murchie/Karen Byrd
TRC Environmental Corporation
6340 Quadrangle Drive, Suite 200

EPA Office of Air Quality Planning and Standards
Research Triangle Park, North Carolina 27711

STAPPA/ALAPCO State and Territorial Air Pollution Program Administrators
Association of Local Air Pollution Control Officials