



Lowell Program in
Economic Geology

Short Course on Porphyry Deposits

6-15 December 2005

REGISTRATION FEE:

(Please check one)

- US\$1600.- Prior to 10/15/05
 US\$1850.- After 10/15/05

CANCELLATION POLICY:

Refund of ½ of registration fee by 11/15/05
Substitutions allowed but no refund thereafter

PAYMENT:

- MasterCard / Visa
*(please fill out credit card
authorization form)*
 Money Order
 Bank Check
(U.S. Bank only)

COURSE INFORMATION:

call / e-mail us at:

(520) 626-3921 / seedorff@geo.arizona.edu
(520) 626-4962 / Izurcher@geo.arizona.edu

or visit us at:

<http://econ.geo.arizona.edu/modules/>

REGISTRATION FORM

Name _____
Title _____
Company _____
Address _____
City _____
State / Province _____ Postal Code _____
Country _____
Phone _____ FAX _____
(please include country and area codes)
E-mail _____

Important Note: if you are not a citizen of the USA, please fill out the **FOREIGN VISITOR STATEMENT**, and include legible photocopies of the pages of your passport that show your photograph and expiry date, and your visa to enter the USA. Your I-94 entry-departure form will be requested for photocopying upon your arrival.

PLEASE MAIL OR FAX YOUR FORM AND PAYMENT TO:

Lowell Program in Economic Geology
Department of Geosciences Rm. 208
The University of Arizona
1040 East Fourth Street
Tucson, Arizona 85721-0077
USA

FAX: (520) 621-2672

CREDIT CARD AUTHORIZATION FORM

CUSTOMER'S NAME *(please print)* _____ INVOICE OR ID # *(if applicable)* _____
I hereby authorize The University of Arizona to charge US \$ _____ to my MasterCard / VISA account.
Card Type: VISA () Mastercard () Expiration Date: Month *mm* () Year *yy* ()
Account #: _____

NAME OF CARD HOLDER *(please print)* _____ SIGNATURE OF CARD HOLDER _____

Address of Cardholder: STREET _____
(Please print) CITY _____ STATE / PROV. _____

COUNTRY _____ POSTAL CODE _____

Phone Number: COUNTRY CODE _____ AREA CODE _____ TELEPHONE # _____

(for official use)

PROCESS DATE: _____ INITIALS: _____

THE UNIVERSITY OF ARIZONA FOREIGN VISITOR STATEMENT

Date: _____

**WAS ENGAGED IN ACADEMIC ACTIVITIES
AT THE UNIVERSITY OF ARIZONA. THESE ACADEMIC ACTIVITIES WERE
NOT MORE THAN NINE DAYS IN DURATION.
HAS NOT ACCEPTED AN HONORARIUM OR EXPENSE REIMBURSEMENT
FROM MORE THAN 5 INSTITUTIONS WITHIN THE PREVIOUS SIX MONTHS.**

Signature of visitor: _____

Signature of department representative: _____

(Please see [FRS Policy 9.16](#) for instructions)

Please enclose the following documents:

- 1) Legible photocopy of passport page showing photograph and expiration date, or alternatively, "Border Crossing Card" (both sides).
- 2) Legible photocopy of passport page showing visa for entering the United States of America.

Note: We will request a photocopy of the I-94 form upon arrival of the participant. Those short course participants that are entering the USA with "Border Crossing Cards" have to make sure that the immigration officer at the port of entry provides them with an I-94.