

**DEPLETED URANIUM / URANIUM WEAPONS:
THE TROJAN HORSES OF NUCLEAR WAR
AN INTERNATIONAL EDUCATIONAL/ORGANIZING CONFERENCE**

REGISTRATION FORM

Thank you for your interest in attending this important Conference. When filling out this Registration, please be as complete as possible. All information will be confidential, unless you give permission to be included in the final Conference Registration Listing, to be made available after the Conference. Please carefully read the brochure about "Participation" before completing this form so that you register your preferences correctly.

PERSONAL CONTACT INFORMATION (PLEASE PRINT LEGIBLY!):

NAME: _____ **ORGANIZATION (IF ANY):** _____

STREET ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____

ZIP/CODE: _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____ **WEBSITE URL:** _____

REGISTRATION PREFERENCES:

Advance registration insures that you will receive all pre-Conference materials, and reserves your accommodations. While registrations will be taken at the Conference, we cannot guarantee that you will have a place to stay, and you may have to arrange this on your own. Please provide a check for all payments in Euros, made payable to: **GAAA**. Mark your check in the memo field, "DU/UW Conference! Failure to mark the check could result in you not being registered for the Conference.

I wish to register with the following preferences (check all that apply): **TOTAL:**

All 4 days, at 30 Euros _____

The following days, at 10 Euros/day (circle all):
16-Oct. 17-Oct. 18-Oct. 19-Oct. _____

Conference Proceedings (available 3 months after Conference), add 10 Euros _____

I need financial assistance. (Please contact us about your needs. Special rates will be made available for those who are unemployed, on fixed incomes, or receiving public assistance.)

Meals: The Conference will arrange for light breakfast and lunch at the Conference site on a cash basis. The cost will be minimal, and serving at the site will insure you're not late for sessions. Dinner will be the responsibility of the attendees. Lists of local, inexpensive restaurants and markets within a short walk of the Conference site will be provided at the Conference.

I have the following special dietary needs (please indicate, so we can help make arrangements):

Sleeping Accommodations: The Conference is making plans for a full array of choices for accommodations. The final arrangements (hotel reservations, house guest, youth hostels, sleeping bag on a floor, etc.), however, will be your responsibility. If you prefer to NOT make your own arrangements, and need our assistance, please indicate your preferences below. We cannot always guarantee that we can meet your needs, but will try to work with you to meet them where possible:

I need a hotel room; please provide me a list of local choices.

I would like to be a house guest. Please provide me a local contact.

I need low-cost accommodations. Please provide a list.

I can use a sleeping bag on a floor. Please help me make arrangements with locals.

I (am) (am NOT) a smoker (please CIRCLE your choice)

I prefer (smoking) (non-smoking) accommodations (please CIRCLE your choice)

I have allergies/sensitivities to the following, and must avoid them (e.g., cats, feathers, perfumes or strong chemical odors): _____

I have the following special needs (e.g., wheelchair accessibility, shower/bathing help, seeing eye dog, elevators/lifts, walking limitations, etc.):

PARTICIPATION: The Conference Workshops (see descriptions in brochure, or online) will be strategic planning sessions designed to create action plans. Because of the sensitive nature of such discussions, they are "by invitation and permission" only, and participation will require some references. Please provide us in advance with such references as the name (and contact information) of a peace or anti-nuclear organization you belong to; a reference letter from a local peace or anti-nuclear group on their letterhead; publications you have authored on this topic; etc.

I wish to participate in the Strategic Planning Workshops on Saturday and Sunday. I provide the following as references, and give the Conference permission to contact them:

I wish to be a "panelist" in the _____ Workshop session on Saturday (see brochure for detailed description of what this means.). I will be speaking on the following, and wish to make this point (please provide a short summary of your planned remarks):

I give my permission to have my contact information listed in the Conference Director for distribution.

I have read the Conference materials, and agree to all terms and conditions of the Conference. (**NOTE:** Failure to sign this Registration Form could result in Registration and participation in the Conference being denied.)

Signature

Date

RETURN TO: Fax +49 (0)40 43183233 DU/UW Conference, c/o Marion K pker, Beckstra e 14, 20 357 Hamburg, Germany