



**WHEN:** **Tuesday-Thursday**  
 September 15-17, 2009

**WHERE:** **MSU Management Education Center**  
 811 W. Square Lake Road  
 Troy, MI 48084 USA

**HOW MUCH:** \$375 – SPE Member  
 \$475 – Non-SPE Member (*Includes 1 yr of SPE membership - \$140 value*)  
 \$475 – Renewing SPE Member (*Renew SPE membership for 1 yr at \$18 discount*)  
 \$100 – Student **NEW: Day Rate: \$150 / day (membership not included)**

**Complimentary to Sponsors, Media, Speakers, Session Organizers, and Conference Staff**

**TO REGISTER FOR THIS IMPORTANT EVENT:**

**Complete this form and fax to:**

Ms. Pat Levine, Society of Plastics Engineers  
 Fax Number: (248) 244-8925

**Please make checks payable to:**

SPE AUTOMOTIVE DIVISION

**Mail checks to:**

Society of Plastics Engineers  
 Attn: Ms. Pat Levine  
 1800 Crooks Road, Suite A  
 Troy, MI 48084 USA

**For additional information, please call or e-mail:**

(248) 244-8993 [ACCE-registration@speautomotive.com](mailto:ACCE-registration@speautomotive.com)

Registration includes lunch, refreshments, and cocktail receptions. Registered attendees will also receive the Conference Program Book, which contains abstracts of the presentations, AND a CD with papers or presentations.

Registration is **NOT** confirmed until payment is received.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

DIVISION / DEPARTMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

COUNTRY \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Non-Members & Renewing Members receive 1-yr SPE Membership with ACCE Registration at discount. Please indicate which Division you prefer to be registered in:**  Automotive Div.  Composites Div.

**FEES:**  \$ 475 Non-SPE Member  \$ 475 Renewing SPE Member  \$ 375 SPE Member  \$ 0 Media  
 (Please check all that are appropriate)  \$ 0 Sponsor  \$ 150 Day Rate x \_\_\_\_\_ day(s) – Indicate which days \_\_\_\_\_  
 \$ 100 Student  \$ 0 SPE Staff/Session Organizer  \$ 0 Speakers

**PAYMENT TYPE:** VISA / MASTER CARD / AMERICAN EXPRESS Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check (payable to: SPE Automotive Division) \_\_\_\_\_ Cash (if delivered in person): \_\_\_\_\_

**I plan to attend**  Tuesday  Wednesday  Thursday  
 Please reserve vegetarian meals for me each day.