

**LASER SAFETY INSPECTOR  
INSPECTION REQUEST FORM**



**Return form no later than Friday, May 15, 2009.**

*Please type or print all information*

You will be notified if we are not able to accommodate your request.

Exhibiting Company: \_\_\_\_\_

Booth #: \_\_\_\_\_ Email: \_\_\_\_\_

On-site Contact Name: \_\_\_\_\_

On-site Phone Number: \_\_\_\_\_

Please specify a preferred general day and time. We will try to accommodate your request.

Monday, June 1

\_\_\_\_\_ AM

\_\_\_\_\_ PM

Tuesday, June 2

\_\_\_\_\_ AM (8:00 a.m. – 9:30 a.m.)

Please provide an overview of equipment to be inspected or attach additional documentation:

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**Return form to PhotonXpo Exhibit Operations  
Fax: +1 202.416.6100**

Contact [photonXpoexhibits@osa.org](mailto:photonXpoexhibits@osa.org) or +1 202.416.1972 with questions.