CLEO 2017 ATTENDEE REGISTRATION FORM | Advance Registration Deadline: 10 April 2017

14 – 19 May 2017 • San Jose Convention Center • www.cleoconference.org

Online: www.cleoconference.org
Mail: CLEO 2017
2651 Warrenville Rd, Suite 400
Downers Grove, IL 60515 USA
Fax: +1.708.344.4444
Phone : +1.224.563.3173

A: BADGE INFORMATION

One registrant per form; copy form for additional registrants.

FIRST NAME LAST NAME BADGE NAME: (FIRST NAME AS IT SHOULD APPEAR ON BADGE)

TITLE COMPANY/AFFILIATION

MAILING ADDRESS

CITY STATE/PROVINCE POSTAL CODE
COUNTRY

TELEPHONE FAX

EMAIL

Society Membership :You must be a member of APS/Division of Laser Science, IEEE Photonics Society, or OSA to qualify for Member rates. Please select all that apply and provide your ID Number.

☐ APS/Division of Laser Science _____ ☐ OSA _____

☐ IEEE Photonics Society _____

B: CONFERENCE AND EXHIBITION REGISTRATION

TECHNICAL CONFERENCE REGISTRATION

	ADVANCE Before 10 April 2017	ON-SITE After 10 April 2017	
Conference Registration Member	US$ 650	US$ 780	$_____
Conference Registration Non-Member	US$ 970	US$ 1,170	$_____
Conference Registration Student Member	US$ 260	US$ 320	$_____
Conference Registration Student Non-Member	US$ 390	US$ 460	$_____

2. ONE–DAY REGISTRATION
(Circle day) Mon Tue Wed Thu . . . . . .US$ 590 . . . . . US$ 680. $_____

3. EXHIBITS PASS PLUS . . . . . .US$ 0 . . . . . .US$ 0 $_____

C: SHORT COURSE REGISTRATION - (See website for Short Course Descriptions)

Half-Day Courses # of courses

Half-Day Short Course Member	US$ 300	US$ 350	x____ $____
Half-Day Short Course Non-Member	US$ 370	US$ 430	x____ $____
Half-Day Short Course Student	US$ 80	US$ 90	x____ $____

Course Numbers: (Circle selected courses)

SC 149	SC 157	SC 221	SC 270	SC 301
SC 352	SC 361	SC 362	SC 376	SC 378
SC 396	SC 403	SC 410	SC 424	SC 438
SC 439	SC455	SC456		

D: ADDITIONAL CLEO PRODUCTS

EXTRA Conference Reception Ticket . . . . . US$ 55 . . . . . .X_____ $_____
(one ticket included with conference registration)

TOTAL PAYMENT . . . . . .$_____

Registration for CLEO implies consent that management may use any pictures taken during CLEO events, which may include your likeness, without remuneration.

Refund Policy All requests for refunds must be made in writing and include full name and address of the registrant. A US $75 service charge will be assessed for processing refunds. Refund payments will be issued in the same manner as the payments were received. Requests for refunds must be received no later than 24 April 2017 to be honored. Email refund requests to CLEO@compusystems.com. Please allow four to six weeks for processing. By completing and submitting this registration form, you agree to CLEO's Policies and Terms of Registration.

E: DEMOGRAPHIC INFORMATION (required)

1. How many previous times have you attended CLEO?
   - A. None. This will be my first time.
   - B. 5-9 times
   - C. 1-4 times
   - D. 10 or more times

2. What are your main reasons for attending CLEO? (select up to three)
   - ☐ To see new products
   - ☐ To see/network with vendors
   - ☐ To see innovative new science
   - ☐ To make product or service purchasing decisions
   - ☐ To present my work
   - ☐ To network with friends colleagues
   - ☐ To develop/generate new ideas
   - ☐ To keep up-to-date with industry trends/issues
   - ☐ To meet with customers
   - ☐ Other_____

3. What is your primary track of interest (for informational purposes only)? Please select one:
   - A. Fundamental Science
   - B. Applications & Technology
   - C. Evaluate CLEO for future exhibiting opportunities
   - D. Short Course
   - E. Science & Innovations
   - F. CLEO: Expo
   - G. Market Focus
   - H. Other_____

4. Are you presenting a paper?
   - ☐ Yes
   - ☐ No

5. Which category best describes your job function? Please select one:
   - A. Executive Management (President, CEO, CFO, VP, etc.)
   - B. Product Development Manager
   - C. Manufacturing Engineer
   - D. Corporate Product Engineer
   - E. University Researcher/Scientist
   - F. Sales/Marketing
   - G. Press
   - H. Student
   - I. Test and Measurement Engineer/Designer/Developer
   - J. Software Designer/ Developer/ Programmer
   - K. Systems Engineer/ Designer/ Developer
   - L. Researcher/Scientist (Corp/Govt)
   - M. Head of Department or Lab
   - N. Purchasing Mgr./Specialist/Buyer
   - O. Venture Capitalist/Financier
   - P. Other_____

6. Which category best describes your organization? Select as many as apply:
   - A. Laser or Laser System Manufacturer/Supplier
   - B. Lab Equip Manufacturer
   - C. Optical Components Manufacturer/Supplier
   - D. Original Equipment Manufacturer (OEM)
   - E. Academia
   - F. Govt. Agency Research Lab
   - G. Optical Design Software
   - H. Materials Manufacturer/Supplier
   - I. Test & Measurement Equipment Manufacturer/SP
   - J. Semiconductor Manufacturer
   - K. Imaging/Sensing Equipment
   - L. Private Research Laboratory
   - M. Device Manufacturing Supplier
   - N. Fabrication Equitment Manufacturer
   - O. Other_____

7. What is your role in purchasing? Please select one:
   - A. Make Purchasing Decisions
   - B. Specify Products/Services
   - C. Influence Purchasing Decisions
   - D. No Role

8. What types of products are you or your organization interested in? Select as many as apply:
   - A. Lasers and Light Sources
   - B. Laboratory & Manufacturing Equipment
   - C. Fabrication, Design, & Engineering
   - D. Products, Display Technologies, Fiber Optic Systems/Networks & Solar Energy
   - E. Active & Passive Components
   - F. Imaging, Image Processing & Sensing
   - G. Materials
   - H. Services & Software

9. What category best describes the vertical market that you work in? Please select one:
   - A. Biomedical
   - B. Communications
   - C. Fundamental Science
   - D. Manufacturing
   - E. Aerospace/Defense
   - F. Energy
   - G. Astronomy
   - H. Other_____

10. What is your Organization's Annual Purchasing Budget?
    - A. Less than $100K
    - B. $501K - $999K
    - C. Over $10 million
    - D. $100-$500K
    - E. $1 million - $9 million
    - F. Don't Know / Not Applicable

9. Check here if you do not want CLEO to provide your mailing address to third parties.
   - ☐ I do not want to provide my mailing address

10. Would you like a Certificate of Attendance? Note that certificates will be provided to participants who attended the event and checked this box post show via email.
    - ☐ Yes
    - ☐ No

F: PAYMENT INFORMATION

Payment must accompany form to complete processing. Your full name and address should be typed or printed clearly on your check or bank draft.

Make payable to the The Optical Society in US dollars drawn on a US bank.

Check # _____ Money Order # _____ Bank Draft _____

Method of Payment: ☐ VISA ☐ MasterCard ☐ American Express

CARD NUMBER EXP. DATE

CARD HOLDER'S NAME AS IT APPEARS ON THE CARD I authorize The Optical Society to charge the total payment fee indicated on this form to my credit card. If the registration fee is received by OSA after 10 April 2017, I authorize OSA to charge the on-site registration fee, as stated in Section B.

CARD HOLDER'S SIGNATURE DATE