

REGISTRATION FORM

CLEO/IQEC and PhotonXpo 2009

ADVANCED REGISTRATION DEADLINE: APRIL 28, 2009

TECHNICAL CONFERENCE: MAY 31-JUNE 5, 2009

PHOTONXPO: JUNE 2-4, 2009

BALTIMORE CONVENTION CENTER | BALTIMORE, MARYLAND, USA

A: BADGE INFORMATION

(One registrant per form. Please copy form for each additional registrant.)

FIRST NAME: _____

LAST NAME: _____

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

JOB TITLE SECTION: Please check the title/function, from the list below, that best fits your role within your organization.

- | | |
|---|--|
| <input type="checkbox"/> Executive Management (CEO, CFO, CIO, VP, Sr. VP, Pres, etc.) | <input type="checkbox"/> Manufacturing Engineer |
| <input type="checkbox"/> Test and Measurement Engineer/Designer/Developer | <input type="checkbox"/> PR Consultant/Agent |
| <input type="checkbox"/> Network Architect/Designer | <input type="checkbox"/> Press/Publication Staff |
| <input type="checkbox"/> Product Development Manager | <input type="checkbox"/> Professor/Educator/University Administrator |
| <input type="checkbox"/> Purchasing Manager/Specialist/Buyer | <input type="checkbox"/> Researcher/Scientist |
| <input type="checkbox"/> Sales/Marketing | <input type="checkbox"/> Venture Capitalist/Financier |
| <input type="checkbox"/> Software Designer/Developer/Programmer | <input type="checkbox"/> Systems Engineer/Designer/Developer |
| <input type="checkbox"/> Other (please specify) _____ | |

COMPANY/AFFILIATION _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ FAX _____

E-MAIL

I want this as my preferred address for all OSA correspondence and subscriptions.

Society Membership (select all that apply and provide ID numbers)

APS _____ IEEE/LEOS _____ OSA _____

You must be a member of APS, IEEE/LEOS or OSA to qualify for Member rates.

B: CONFERENCE AND EXHIBIT REGISTRATION

	On or Before April 28	After April 28	
Conference Registration Member	US\$ 585	US\$ 695	\$
Conference Registration Non-Member	US\$ 785	US\$ 890	\$
Conference Registration Student Member	US\$ 175	US\$ 255	\$
Conference Registration Student Non-Member	US\$ 250	US\$ 315	\$

2. ONE-DAY REGISTRATION
(Circle day) Mon Tue Wed Thu Fri

US\$ 495	US\$ 595	\$
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3. EXHIBIT ONLY PASS

US\$ 0	US\$ 0	\$
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C: SHORT COURSE REGISTRATION

Half-Day Courses	No. of courses	On or Before April 28	After April 28	
Member	X	US\$ 260	US\$ 315	\$
Non-Member	X	US\$ 330	US\$ 390	\$
Student (Student ID required)	X	US\$ 125	US\$ 155	\$

Course Numbers: (Circle selected courses)

SC123 SC153 SC160 SC166 SC191 SC247 SC301 SC318 SC335 SC339
SC143 SC154 SC163 SC167 SC194 SC270 SC302 SC319 SC336
SC147 SC155 SC164 SC182 SC198 SC271 SC316 SC333 SC337
SC149 SC157 SC165 SC189 SC221 SC300 SC317 SC334 SC338

Full-Day Courses	On or Before April 28	After April 28	
Member	US\$ 335	US\$ 385	\$
Non-Member	US\$ 415	US\$ 485	\$

Course Numbers: (Circle selected courses)

SC136 SC200

D: ADDITIONAL CLEO/IQEC PRODUCTS

	No. ordered	
Conference Reception	X	US\$ 50
(Included with Conference Registration)		
The PhAST Power Lunch	X	US\$ 40
(Box lunch included. Limited seating!)		
The PhAST Power Lunch – for Student Member	X	US\$ 20
(Box lunch included. Limited seating!)		
CLEO/IQEC Technical Digest on CD-ROM	X	US\$ 100
(Included with Conference Registration)		

TOTAL PAYMENT

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 **Optical Society of America** in US dollars drawn on a US bank.

Method of Payment:

- Check # _____
 Money Order # _____
 Bank Draft _____
 VISA MasterCard American Express Diners Club

CARD NUMBER _____ EXP. DATE _____

CARD HOLDER'S NAME AS IT APPEARS ON THE CARD _____

I authorize the Optical Society of America to charge the total payment fee indicated on this form to my credit card. If the registration fee is received by OSA after **April 28, 2009**, I authorize OSA to charge the on-site registration fee.

CARD HOLDER'S SIGNATURE & DATE _____

Refund policy: All requests for refunds must be made in writing and include full name and address of registrant. A US \$50 service charge will be assessed for processing refunds. Refund payments will be issued in the same manner as they were received. Requests for refunds must be received no later than **May 5, 2009**, to be honored. E-mail refund requests to cleoregistration@osa.org. Please allow four to six weeks for processing.

Note: Registration for CLEO/IQEC and PhotonXpo implies consent that management may use any pictures taken during CLEO/IQEC events, which may include your likeness, without remuneration.

G: ADDITIONAL INFORMATION

- Check here if you do not wish to receive mail from CLEO exhibiting companies
 Check here if you will require special assistance. Please describe in space provided or by e-mail (cleoregistration@osa.org) or call 202.416.1999.

FOUR EASY WAYS TO REGISTER!

ONLINE: www.cleoconference.org

FAX: +1-514-228-3204

MAIL: CLEO/IQEC Registration
2009 Registration
1200 G Street NW, Suite 800
Washington, DC 20005-3967

COURIER: CLEO/IQEC Registration
2009 Registration
4200 St. Laurent, Ste. 1000
Montreal, Quebec H2W 2R2
Canada