

REGISTRATION FORM

CLEO/QELS: 2010 Attendee Registration

Technical Conference: May 16-21, 2010

San Jose McEnery Convention Center, San Jose, CA, USA

www.cleoconference.org

ADVANCE REGISTRATION DEADLINE: April 5, 2010

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

FIRST NAME _____

LAST NAME (FAMILY 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 _____

EMAIL _____

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 Photonics Society _____ OSA _____
YOU MUST BE A MEMBER OF APS, IEEE PHOTONICS SOCIETY OR OSA TO QUALIFY FOR MEMBER RATES.

B. CONFERENCE AND EXHIBIT REGISTRATION

1. TECHNICAL CONFERENCE PROGRAM

	ADVANCED Before April 5	ON-SITE After April 5
Conference Registration Member	US\$ 625	US\$ 765 \$ _____
Conference Registration Non-Member	US\$ 920	US\$ 1,070 \$ _____
Conference Registration Student Member	US\$ 185	US\$ 280 \$ _____
Conference Registration Student Non-Member	US\$ 295	US\$ 380 \$ _____

2. ONE-DAY REGISTRATION

(Circle day) Mon Tue Wed Thu Fri

US\$ 530 US\$ 545 \$ _____

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

C. SHORT COURSE REGISTRATION

HALF-DAY COURSES

	Before April 5	After April 5	No. of Courses	
Member	US\$ 260	US\$ 315	X _____	\$ _____
Non-Member	US\$ 330	US\$ 390	X _____	\$ _____
Student (Student ID required)*	US\$ 125	US\$ 155	X _____	\$ _____

*Student members can buy one short course and receive a second short course for FREE (up to 3 times).

COURSE NUMBERS: (Circle selected courses)

SC123 SC149 SC155 SC163 SC167 SC194 SC270 SC301 SC319 SC335 SC338 SC352
SC143 SC153 SC157 SC164 SC182 SC198 SC271 SC302 SC333 SC336 SC339 SC353
SC147 SC154 SC160 SC165 SC189 SC221 SC300 SC316 SC334 SC337

FULL-DAY COURSES

	Before April 5	After April 5	No. of Courses	
Member	US\$ 335	US\$ 385	X _____	\$ _____
Non-Member	US\$ 415	US\$ 485	X _____	\$ _____

COURSE NUMBERS: (Circle selected courses)

SC136 SC200

D. ADDITIONAL CLEO/QELS: 2010 PRODUCTS

Conference Reception (Included with Conference Registration)	US\$ 50	X _____	\$ _____
Power Lunch (Box lunch included. Limited seating!)	US\$ 40	X _____	\$ _____
Power Lunch-STUDENT MEMBERS (Box lunch included. Limited seating!)	US\$ 20	X _____	\$ _____
The History of the Laser Symposium (Ticketed Event)	US\$ 0	X _____	\$ _____
CLEO/QELS: 2010 Technical Digest on CD-ROM (Included with Conference Registration)	US\$ 100	X _____	\$ _____

TOTAL PAYMENT \$ _____

E. 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.

METHOD OF PAYMENT:

Make payable to the **Optical Society of America** in US dollars drawn on a US bank.

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 5, 2010**, 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\$ 75 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 **April 19, 2010** to be honored. Email refund requests to cleoregistration@osa.org. Please allow four to six weeks for processing.

By completing and submitting this registration form, you agree to CLEO/QELS: 2010's Policies and Terms of Registration. They can be found at www.cleoconference.org on the Registration page.

F. DEMOGRAPHIC INFORMATION

1. Which conference is your primary reason for attending?

CLEO QELS CLEO: Applications

2. Are you presenting a paper?


Oral Presentation Poster Presentation Invited Presentation
 Tutorial Presentation Symposium Presenter Not Presenting

G. ADDITIONAL INFORMATION

Registration for CLEO/QELS: 2010 implies consent that management may use any photos taken during CLEO/QELS: 2010 events, which may include your likeness, without remuneration.


Check here if you do not wish to receive email from CLEO: EXPO exhibiting companies.


Check here if you do not wish to receive print mail from CLEO: EXPO 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:** +1.514.380.5386

 **MAIL:** CLEO/QELS: 2010 Registration
c/o Showcare
2010 Registration
1200 G Street NW, Suite 800
Washington, DC 20005-3967

 **OVERNIGHT COURIER SERVICE:**
CLEO/QELS: 2010 Registration
c/o Showcare
4200 St. Laurent, Ste. 1000
Montreal, Quebec H2W 2R2
CANADA