

# CLEO 2019 ATTENDEE REGISTRATION FORM | Advance Registration Deadline: 4 April 2019

5 – 10 May 2019 • San Jose McEnery Convention Center • [www.cleoconference.org](http://www.cleoconference.org)

**Mail:** CLEO 2019  
c/o CompuSystems, Inc  
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.

Male  Female  
 Prefer not to Disclose

FIRST (GIVEN) NAME \_\_\_\_\_ LAST (FAMILY) NAME \_\_\_\_\_ GENDER IDENTITY \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY/AFFILIATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ EMERGENCY CONTACT MOBILE (CELL) PHONE \_\_\_\_\_

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

### 1. TECHNICAL CONFERENCE REGISTRATION

	Before or On 4 April 2019	After 4 April 2019
Full Conference Registration Member	US \$667	US \$798
Full Conference Registration Non-member	US \$995	US \$1,197
Full Conference Registration Student Member	US \$293	US \$354
Full Conference Registration Student Non-member	US \$424	US \$495

2. EXHIBITS PASS PLUS ..... US \$0 ..... US \$0 ..... \$ \_\_\_\_\_

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

Half-Day Courses	Before or On 4 April	After 4 April
Half-Day Short Course Member	US \$305	US \$375
Half-Day Short Course Non-member	US \$375	US \$435
Half-Day Short Course Student	US \$80	US \$90

Course Numbers: (Circle selected courses)

SC149	SC157	SC270	SC352	SC361
SC362	SC376	SC378	SC396	SC403
SC410	SC424	SC438	SC455	SC456
SC466	NEW! SC475	NEW! SC476	NEW! SC477	NEW! SC478
NEW! SC479	NEW! SC481			

## D: ADDITIONAL CLEO PRODUCTS

EXTRA Conference Reception Ticket ..... US \$85 ..... x ..... \$ \_\_\_\_\_  
(one ticket included with full 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.

## 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)

- A. To show/see new products   
B. To network with friends/colleagues   
C. To see/network with vendors   
D. To develop/generate new ideas   
E. To see innovative new science   
F. To keep up-to-date with industry trends/issues   
G. To make product or service purchasing decisions   
H. To meet with customers   
I. To present my work   
J. 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. 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 \_\_\_\_\_

### 5. 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/Assoc./Military 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 Equipment Manufacturer   
O. Other \_\_\_\_\_

### 6. What is your role in purchasing? Please select one:

- A. Make Purchasing Decisions   
B. Specify Products/Services   
C. Influence Purchasing Decisions   
D. No Role

### 7. What types of products are you or your organization interested in? Select as many as apply:

- A. Displays & display technology   
B. Lasers – diode fiber   
C. Laser – short-pulse   
D. Machine vision   
E. Optical tables & test equipment   
F. Optoelectronic components   
G. Spectroscopic devices   
H. Lasers – high power (for material modification)   
I. Passive optical components & positioners   
J. End-user devices   
K. Fiber optics components   
L. Light sources   
M. Optical design & fabrication   
N. Software & services   
O. Sensing & imaging equipment   
P. Education, training or research materials   
Q. Vacuum & thin film deposition equipment   
R. Other \_\_\_\_\_

### 8. 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 \_\_\_\_\_

### 9. 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

### 10. 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

### 11. 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 wire transfer/bank draft.**

Method of Payment – Option 1:  Check  Wire transfer/bank draft

Bank of America  
1501 Pennsylvania Avenue NW  
Washington DC 20013  
SWIFT: BOFAUS3N  
ABA# 0260-0959-3  
The Optical Society Account# 20 867 84 287

**Note:** The wire transfer/check should include the registrant's name, invoice number and CLEO 2019. Fax any supporting documents to Accounts Receivable, The Optical Society, fax number +1.202.416.1450. Please incorporate any bank fees associated with your wire transfer. The registrant is responsible for these fees.

Method of Payment – Option 2:  VISA  MasterCard  American Express  Discover

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 4 April 2019, I authorize OSA to charge the on-site registration fee, as stated on this form.

CARD HOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 11 April 2019 to be honored. Email refund requests to [CLEO@compusystems.com](mailto: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 <http://www.cleoconference.org/registration-terms>.