

CLEO 2020 ATTENDEE REGISTRATION FORM

10 – 15 May 2020 • San Jose McEnergy Convention Center • www.cleoconference.org

Mail: CLEO 2020
c/o CompuSystems, Inc
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Downers Grove, IL 60515 USA

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A: BADGE INFORMATION

One registrant per form; copy form for additional registrants.

Man Woman
 Prefer not to Disclose

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

TITLE COMPANY/PROFESSIONAL AFFILIATION

WORK 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. (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

	On or Before 9 April 2020	After 9 April 2020
Full Conference Registration Member	US\$ 674	US\$ 806
Full Conference Registration Non-member	US\$ 1,005	US\$ 1,209
Full Conference Registration Student Member	US\$ 296	US\$ 358
Full Conference Registration Student Non-member	US\$ 428	US\$ 500

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

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

Half-Day Courses	On or Before 9 April	After 9 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) Please visit the CLEO website for a full description of each course.

SC149	SC157	SC270	SC352	SC361
SC362	SC376	SC378	SC396	SC403
SC410	SC424	SC438	NEW! SC439	SC455
SC466	NEW! SC474	SC475	SC476	SC477
SC478	SC479	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)

- How many times have you attended CLEO?
 - A. This will be my first time.
 - B. 1-4 times
 - C. 5-9 times
 - D. 10 or more times
- What are the main reasons you attend CLEO? (Choose up to three)
 - A. To develop/generate new ideas
 - B. To keep up-to-date with industry trends/issues
 - C. To make product or service purchasing decisions
 - D. To meet with customers
 - E. To network with friends/colleagues
 - F. To present my work
 - G. To see innovative new science
 - H. To see/network with vendors
 - I. To show/see new products
 - J. Other _____
- Are you presenting a paper?
 - Yes
 - No

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

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

- Which category best describes your organization? Choose all that apply:
 - A. Academia
 - B. Analyst/Venture Capitalist
 - C. Device Manufacturing Supplier
 - D. Fabrication Equipment Manufacturer
 - E. Govt. Agency/Assn./Military Research Lab
 - F. Imaging/Sensing Equipment
 - G. Lab Equipment Manufacturer
 - H. Laser or Laser System Manufacturer/Supplier
 - I. Materials Manufacturer/Supplier
 - J. Optical Components Manufacturer/Supplier
 - K. Optical Design Software
 - L. Original Equipment Manufacturer (OEM)
 - M. Private Research Laboratory
 - N. Publisher
 - O. Semiconductor Manufacturer
 - P. Test & Measurement Equipment Manufacturer/Supplier
 - Q. Other _____

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

- What types of products are you or your organization interested in? Select as many as apply:
 - A. Displays & display technology
 - B. Education, training or research materials
 - C. End-user devices
 - D. Fiber optic components
 - E. Lasers – diode & fiber
 - F. Lasers – high power (for material modification)
 - G. Lasers – short-pulse
 - H. Light sources
 - I. Machine vision
 - J. Optical design & fabrication
 - K. Optical tables & test equipment
 - L. Optoelectronic components
 - M. Passive optical components & positioners
 - N. Sensing & imaging equipment
 - O. Software & services
 - P. Spectroscopic devices
 - Q. Vacuum & thin film deposition equipment
 - R. Other _____

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

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

- Check here if you approve of CLEO providing your mailing address to third parties.
 - Yes, I would like to provide my mailing address.

- Check here if you would like a Certificate of Attendance. Note that certificates will be sent post show via email to participants who check this box AND attend the conference.)
 - Yes, I would like a Certificate of Attendance.

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 (send to 2010 Massachusetts Ave NW, Washington, DC 20036)
 Wire transfer/bank draft

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

Note: Wire transfer/check should include the registrant's name, invoice number and CLEO 2020. 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 CVV

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 9 April 2020, 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 16 April 2020 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: <https://www.cleoconference.org/home/registration/>.