

CLEO 2021 ATTENDEE REGISTRATION FORM

Virtual Conference • 09 – 14 May 2021 • Pacific Daylight Time (UTC-07:00)

cleoconference.org

Mail: CLEO 2021
c/o CompuSystems, Inc.
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Downers Grove, IL 60515 USA

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Phone: +1.224.563.3173
Cancellation Deadline: **Thursday, 22 April 2021 (USD 75 refund fee)**
Event Policies and Terms: cleoconference.org/eventpolicies

A: PERSONAL INFORMATION One registrant per form: copy form for additional registrants.
ALL questions MUST be answered to process your registration.

FIRST (GIVEN) NAME		LAST (FAMILY) NAME	
JOB TITLE		COMPANY/PROFESSIONAL AFFILIATION	
WORK ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE	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 REGISTRATION

Virtual Full Conference Member USD 438 \$ _____
 Virtual Full Conference Non-member USD 653 \$ _____
 Virtual Full Conference Student Member USD 192 \$ _____
 Virtual Full Conference Student Non-member USD 278 \$ _____
 Virtual Exhibits Pass Plus USD 0 \$ _____

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

Virtual Courses
 Half-Day Short Course Member USD 305 X \$ _____
 Half-Day Short Course Non-member USD 375 X \$ _____
 Half-Day Short Course Student Member USD 80 X \$ _____
 Half-Day Short Course Student Non-member USD 90 X \$ _____

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	SC438	SC439	SC455	SC466
SC475	SC476	SC477	SC478	SC479
SC481				

TOTAL PAYMENT \$ _____

D: CONFERENCE QUESTIONS (required)

1. How many times have you attended CLEO?
 A. This will be my first time. C. 5-9 times
 B. 1-4 times D. 10 or more times

2. What are the main reasons you attend CLEO? (Choose up to three)
 A. To develop or generate new ideas F. To present my work
 B. To keep up-to-date with industry trends and issues G. To see innovative new science
 C. To make product or service purchasing decisions H. To see/network with vendors
 D. To meet with customers I. To show/see new products
 E. To network with friends, colleagues J. Other _____

3. Are you presenting a paper? (Acceptance notifications were sent out in March. Please select "Yes" if your paper has been accepted for presentation.)
 Yes No

4. What is your primary interest in attending CLEO? Please choose one:
 A. Applications & Technology E. Science & Innovations
 B. CLEO:EXPO F. Short Course(s)
 C. Evaluate CLEO for future exhibiting opportunities G. Technology Showcases
 D. Fundamental Science H. Other _____

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

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

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

8. What types of products are you or your organization interested in? Choose all that apply:
 A. Displays & display technology J. Optical Design & Fabrication
 B. Education, Training or Research Materials K. Optical Tables & Test Equipment
 C. End-User Devices L. Optoelectronic Components
 D. Fiber Optic Components M. Passive Optical Components & Positioners
 E. Lasers – Diode & Fiber N. Sensing & Imaging Equipment
 F. Lasers – High Power (for Material Modification) O. Software & Services
 G. Lasers – Short-Pulse P. Spectroscopic Devices
 H. Light Sources Q. Vacuum & Thin Film Deposition Equipment
 I. Machine Vision R. Other _____

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

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

11. A list of all registrants may be provided electronically to participating exhibitors or sponsors. This list will include the name, email, organization, job title, state/country of attendees who have registered at the time of distribution and consented to their information being shared.
 I give permission for my details to be provided to sponsors/exhibitors.
 I do not give permission for my details to be provided to sponsors/exhibitors.

12. 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.

E: DEMOGRAPHIC INFORMATION (required)

Making progress toward a diverse, equitable and inclusive community is a core value of CLEO and its Co-sponsors. Data serves as a critical component for transparency and measuring progress. The following data is being collected for reporting aggregated metrics and to help identify areas of improvement.

I. Gender Identity:
 Prefer not to disclose Woman Man Self Identify _____

II. Which categories describe you? Choose all that apply to you:
 Prefer not to answer
 Asian – For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese
 Black or African Descent – For example: Ethiopian, Haitian, Jamaican, Nigerian, Somali
 Indigenous – For example: Aboriginal, American Indian or Alaska Native, First Nation
 Latinx – For example: Brazilian, Columbian, Cuban, Dominican, Mexican, Puerto Rican, Salvadoran
 Middle Eastern or North African – For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian
 White or European Descent – For example: English, French, German, Irish, Italian, Polish
 Some other race, ethnicity, or origin, please specify: _____

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 2021. 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
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CARD HOLDER'S NAME AS IT APPEARS ON THE CARD I authorize CLEO to charge the total payment indicated on this form to my credit card.

CARD HOLDER'S SIGNATURE	DATE
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