

CLEO 2018 ATTENDEE REGISTRATION FORM | Advance Registration Deadline: 19 April 2018

13 – 18 May 2018 • San Jose McEnery Convention Center • www.cleoconference.org

Online: www.cleoconference.org

Mail: CLEO 2018
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		FAX	
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 19 April 2018	After 19 April 2018
Full Conference Registration Member	US\$ 660	US\$ 790
Full Conference Registration Non-Member	US\$ 985	US\$ 1,185
Full Conference Registration Student Member	US\$ 290	US\$ 350
Full Conference Registration Student Non-Member	US\$ 420	US\$ 490

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

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

Half-Day Courses	Before or On 19 April	After 19 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
*Short Course SC456 Member/Student	US\$ 375	US\$ 425
*Attendees will receive a book authored by Milton Chang and lunch		
*Short Course SC456 Non-Member/Student	US\$ 445	US\$ 475
*Attendees will receive a book authored by Milton Chang and lunch		

Course Numbers: (Circle selected courses)

SC 149	SC 157	SC 270	SC 301	SC 352
SC 361	SC 362	SC 376	SC 378	SC 396
SC 403	SC 410	SC 438	SC 439	SC 455
SC 456	NEW! SC 466			

D: ADDITIONAL CLEO PRODUCTS

EXTRA Conference Reception Ticket US\$ 75 x _____ \$ _____
(one ticket included with 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.

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 26 April 2018 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 <http://www.cleoconference.org/registration-terms>.

E: DEMOGRAPHIC INFORMATION (required)

- How many previous times have you attended CLEO?
 - A. None. This will be my first time.
 - B. 1-4 times
 - C. 5-9 times
 - D. 10 or more times
- What are your main reasons for attending CLEO? (select up to three)
 - A. To 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 _____
- 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 _____
- 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 _____
- 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 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 _____
- What is your role in purchasing? Please select one:
 - A. Make Purchasing Decisions
 - B. Specify Products/Services
 - C. Influence Purchasing Decisions
 - D. No Role
- What types of products are you or your organization interested in? Select as many as apply:
 - A. Lasers and Light Sources
 - B. Laboratory & Manufacturing Equipment
 - C. Fabrication, Design, & Engineering
 - D. Products, Display Technologies, Fiber Optic Systems/Networks & Solar Energy
 - E. Active & Passive Components
 - F. Imaging, Image Processing & Sensing
 - G. Materials
 - H. Services & Software
- 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 _____
- What is your Organization's Annual Purchasing Budget?
 - A. Less than \$100K
 - B. \$501K - \$999K
 - C. Over \$1 million
 - D. \$100-\$500K
 - E. \$1 million - \$9 million
 - F. Don't Know / Not Applicable
- 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
- 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 SWIFT: BOFAUS3N
1501 Pennsylvania Avenue NW ABA# 0260-0959-3
Washington DC 20013 The Optical Society Account# 20 867 84 287

Note: The wire transfer/check should include the registrant's name, invoice number and CLEO 2018. 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

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 19 April 2018, I authorize OSA to charge the on-site registration fee, as stated on this form.

CARD HOLDER'S SIGNATURE _____ DATE _____