

2021 FIO LS Conference
Frontiers in Optics (FIO) * Laser Science (LS)
A Virtual Conference * 31 October – 04 November * Eastern Daylight Time (EDT, UTC-04:00)
EXHIBITOR REGISTRATION FORM
www.frontiersinoptics.com

A: REGISTRANT INFORMATION One person per form; copy form for additional registrants.
 *ALL questions MUST be answered to process your registration.

FIRST (GIVEN) NAME _____ LAST (FAMILY) NAME _____

COMPANY/PROFESSIONAL AFFILIATION _____ JOB TITLE _____

WORK ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ EMAIL _____

B: DEMOGRAPHIC INFORMATION

Making progress toward a diverse, equitable and inclusive community is a core value of FIO LS management. Data serves as a critical component for transparency and measuring progress. Show management is collecting the following data for reporting aggregated metrics and to help identify areas of improvement.

I. *Gender Identity:
 Prefer not to answer 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, Somalian
 Indigenous – For example: Aboriginal, American Indian or Alaska Native, First Nation
 Latinx – For example: Brazilian, Colombian, 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: _____

III. Are you a member of either of the following organizations? (Choose all that apply.)
 American Physical Society (APS) Member ID _____
 American Geophysical Union (AGU) Member ID _____

C: TOPICAL MEETING SELECTION

I. *Select the meeting you are PRIMARILY interested in attending (for statistical purposes only):
 (Choose one.)
 Frontiers in Optics (FIO) Laser Science (LS)

II. Are you also interested in attending sessions in the other meeting?
 Yes No

D: EVENT INFORMATION

I. *By submitting your registration data for this conference, you are providing show management permission to contact you regarding this specific event, future events, and its products/services. You can unsubscribe from email or print communications at any time upon request.
 I understand and accept this statement.

II. *Do you require a Certificate of Attendance?
 Certificates will be issued one week after the conference via email to confirmed participants.
 Yes No

E: CONFERENCE REGISTRATION

Exhibitor Full Conference (EXT) USD 0
Pending your exhibit status. Please check your contract for registration allocation. All registrants will receive access to all live content, as well as recorded/archived content. All registrants will also receive online access to the Technical Digests through OSA Publishing.

Exhibitor Full Conference Upgrade (EXU) USD 200
 After all contracted complimentary EXT registrations have been used. Includes everything of the above.

Exhibit Booth Personnel USD 0
 Includes admission to Plenary Sessions, Visionary Talks, Special Events, and the Science & Industry Showcase.

F: REGISTRATION ADD-ONS

Foundation Donation (optional) USD _____

TOTAL PAYMENT USD _____

G: 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.** Make check payable to The Optical Society in US dollars, from a US bank.

Payment Option 1:
 Check (send to 2010 Massachusetts Ave NW, Washington, DC 20036)
 Wire transfer

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 FIO LS 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.

Payment Option 2: VISA Mastercard American Express Discover Diner's Club

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 indicated on this form to my credit card.

CARD HOLDER'S SIGNATURE _____ DATE _____

Refund Policy: A USD 75 service charge will be assessed for processing refunds. Requests for refunds that are received by **Monday, 18 October 2021**, will be honored. All refund requests must be made in writing. No refunds will be honored after this date. Please contact Customer Service at <http://osa.org/help> or +1 202.416.1907 with questions regarding registration. All Foundation donations are final and will not be refunded.