

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 _____
 Columbian Optical Society – Red Colombiana de Optica (RCO) 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 the Optica Publishing Group.
- 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

Optica 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 Optica 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 Optica 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, Optica, 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 Optica 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://optica.org/help> or +1 202.416.1907 with questions regarding registration. All Optica Foundation donations are final and will not be refunded.