

OSA FRONTIERS IN OPTICS + LASER SCIENCE APS/DLS (FiO+LS)
17 – 21 September 2017 * Washington Hilton * 1919 Connecticut Ave., NW, Washington, District of Columbia, USA
REGISTRATION FORM

SECTION A: REGISTRATION INFORMATION

Last (Family) Name	First (Given) Name	Middle Initial
Email Address	Gender (Male/Female OR leave it blank if you prefer not to disclose)	
Professional Affiliation/Institution	Title	
Country	Work Address	
City	State/Province	ZIP/Postal Code
Telephone with Country Code	Fax with Country Code	
Emergency Contact (In case of emergency)	Emergency Contact Telephone with Country Code	
Emergency Contact Email		

SECTION B: MEETING INFORMATION

I. Select the meeting you are primarily interested in attending (for statistical purposes only): **FiO** **LS**

II. Are you also interested in attending another session? **FiO** **LS**

III. I plan to use the following as primary source for event information onsite at FiO/LS2017: **Mobile App** **Printed program book** **Both** **Neither**

IV. Do you want OSA to provide your mailing address to exhibitors?
 (Note: No email addresses are provided to exhibitors.) **Yes** **No**

V. Do you require a Certificate of Attendance? **Yes** **No**

SECTION C: SPECIAL NEEDS OSA supports the practice of inclusion and accessible meetings as guided by the American with Disabilities Act (ADA). OSA will accommodate reasonable requests whenever possible.

Do you require specific aids or services in order to fully participate in this meeting? If so, please check all that apply **Visual** **Audio** **Mobile** **Other** _____

SECTION D: CONFERENCE REGISTRATION

I. Full Technical Registration – Includes admission to all FiO/LS 2017 Technical Sessions, Plenary Session, Exhibit Hall, Coffee Breaks and FiO/LS Conference Reception, one copy of the 2017 Program as well as online access to the Technical Papers. Forms received without payment will not be processed. Forms received after the deadline of **Monday, 21 August 2017** will be charged the higher fee.

	On or before 21 August 2017	After 21 August 2017
Committee OR Presenting Author – OSA/APS Member	<input type="checkbox"/> US\$ 670	<input type="checkbox"/> US\$ 790
Committee OR Presenting Author - Non-member	<input type="checkbox"/> US\$ 810	<input type="checkbox"/> US\$ 935
Full Technical Upgrade Registrant – OSA/APS Member	<input type="checkbox"/> US\$ 745	<input type="checkbox"/> US\$ 870
Full Technical Registrant - Non-member	<input type="checkbox"/> US\$ 890	<input type="checkbox"/> US\$ 1,010
Emeritus Member	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 460
Student Full Technical OSA/APS Member	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 440
Student Full Technical Non-member	<input type="checkbox"/> US\$ 420	<input type="checkbox"/> US\$ 510

II. Exhibit Hall Only Registration US\$ 0

SECTION D: PAYMENT \$ _____

SECTION E: ADDITIONAL ITEMS

OSA/DLS Awards & Honors Banquet Tickets (<i>Mon., 18 Sept., 19:00 – 21:00</i>)	No. of Tickets _____ x US\$ 101
OSA Foundation Donation	US\$ _____

SECTION E: PAYMENT \$ _____
COMBINED TOTAL OF SECTIONS D & E: PAYMENT \$ _____

SECTION F: PAYMENT INFORMATION One registrant per form. **PAYMENT MUST ACCOMPANY FORM TO COMPLETE PROCESSING.**

Your name and full address must be typed or printed clearly on your check or bank draft. **Method of Payment:** (Make check payable to **The Optical Society** in US dollars on a US bank)

Check No. _____ Money Order No. _____ Bank Name _____ Date of Transfer _____
 I authorize OSA to charge my: VISA Master Card AMEX Diner's Club Discover JCB Card

Name on Card _____ Card Number _____ Exp. Date _____

I authorize OSA to charge the total payment indicated on this form to my credit card. If the registration form is received by OSA on or before **Monday, 21 August 2017**, I authorize OSA to charge the registration rate as stated in Section E. Payment amount subject to membership verification.

Signature _____

***Note: Limited to accepting credit cards on-site.**

Refund Policy for pre-registration: A US \$75 service charge will be assessed for processing refunds. Requests for refunds will be honored if submitted via the conference online registration site or directly to OSA Customer Service by **Monday, 28 August 2017**. Please contact Customer Service at <http://help.osa.org> or +1 202.416.1907 with questions regarding registration. All OSA Foundation donations are final and will not be refunded. Registration implies consent that any picture taken during OSA sponsored events can be used for meeting and promotional purposes without remuneration.

THREE WAYS TO REGISTER

Online: www.frontiersinoptics.com

Fax: +1.202.416.6140

Mail: OSA Finance Department c/o FiO/LS 2017 Registration
2010 Massachusetts Ave., NW, Washington, DC 20036-1012

NOTE: Do not email form that contains credit card information