

2021 FIO LS Conference
Frontiers in Optics (FIO) * Laser Science (LS)
POST MEETING ACCESS REGISTRATION FORM
 05 November 2021 – 03 January 2022
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 Óptica (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. I agree to share my registration information and email address with participating exhibitors or sponsors so I can receive information about products and technologies of potential interest. I understand that I can unsubscribe from communications at any time.

- I give permission for my details to be provided to sponsors/exhibitors. (Recommended)
- I do not give permission for my details to be provided to sponsors/exhibitors.

III. For a Certificate of Attendance, please contact Customer Service at custserv@optica.org after registration is complete.

E: CONFERENCE REGISTRATION

All registrants will receive access to all recorded/archived content. All registrants will also receive online access to the Technical Digests through Optica Publishing Group.

Post Meeting Access – Member USD 200
 Optica Member, Committee Member, Emeritus Member, Optica Student Member (Full-Time)

Post Meeting Access – Non-member USD 300
 Non-member, Committee Non-member, Student Non-member (Full-Time)

F: REGISTRATION ADD-ONS

Optica Foundation Donation (optional) USD _____

TOTAL PAYMENTUSD _____

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: All Post Meeting Access Registration fees and Optica Foundation Donations are non-refundable. Please contact Customer Service at <http://optica.org/help> or +1 202.416.1907 with questions regarding registration.