

OSA FRONTIERS IN OPTICS + LASER SCIENCE APS/DLS (FiO+LS)
16 – 20 September 2018 * Washington Hilton * Washington, DC, 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 PRIMARLY 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/LS 2018: Mobile App Printed program book Both Neither
- IV. Are you a U.S. government employee or subject to U.S. government per diems and travel guidelines 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 _____
 Do you have any special dietary needs to fully participate? If so, please note here _____

SECTION D: CONFERENCE REGISTRATION

I. Full Conference Registration – Includes admission to all technical sessions, exhibit, coffee breaks/refreshments, the conference reception, one copy of the Conference Program and online access to the Technical Digest Papers through OSAP. Students must provide valid student I.D. to receive the discounted registration.

	Before or on 20 August 2018	After 20 August 2018
Committee/Presenting Author – OSA/APS(DLS) Member	<input type="checkbox"/> US\$ 690	<input type="checkbox"/> US\$ 815
Committee/Presenting Author - Non-member	<input type="checkbox"/> US\$ 840	<input type="checkbox"/> US\$ 965
Full Conference Registrant – OSA/APS(DLS) Member	<input type="checkbox"/> US\$ 770	<input type="checkbox"/> US\$ 895
Full Conference Registrant - Non-member	<input type="checkbox"/> US\$ 920	<input type="checkbox"/> US\$ 1,045
Emeritus Member	<input type="checkbox"/> US\$ 395	<input type="checkbox"/> US\$ 520
Student Full Technical OSA/APS(DLS) Member	<input type="checkbox"/> US\$ 395	<input type="checkbox"/> US\$ 520
Student Full Technical Non-member	<input type="checkbox"/> US\$ 465	<input type="checkbox"/> US\$ 590

II. Exhibit Hall Only Registration US\$ 0 US\$ 0

SECTION D: PAYMENT \$ _____

SECTION E: ADDITIONAL ITEMS (One * conference reception ticket is included in the Full Conference Registration fee. Additional tickets are available for purchase. FiO +LS Awards

Ceremony & Reception is not included and must be purchased separately.

- | | |
|---|------------------------------------|
| EXTRA *Conference Reception ticket | No. of Guests _____ x US\$ 75 |
| FiO + LS Awards Ceremony & Reception (<i>Mon., 17 Sept., 18:00 – 21:00</i>) | No. of Tickets _____ x US\$ 75 |
| OSA Foundation Donation | US\$ _____ |
| Honor Your Mentor | <input type="checkbox"/> US\$19.16 |

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. 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 The Optical Society to charge my: VISA Master Card AMEX Diner's Club Discover

Name on Card _____ Card Number _____ CVV _____ Exp. Date _____

I authorize The Optical Society to charge the total payment indicated on this form to my credit card. If the registration form is received by OSA after 20 August 2018, I authorize OSA to charge the on-site registration rate as stated in Section D. Payment amount subject to membership verification.

Signature _____

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 **4 September 2018**. 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 2018 Registration
 2010 Massachusetts Ave., NW, Washington, DC 20036-1012