

OFC 2019 ATTENDEE REGISTRATION FORM

3 – 7 March 2019 • San Diego Convention Center, San Diego, California, USA

Online:
www.ofcconference.org

Mail:
OFC 2019
Compusystems
2651 Warrenville Rd, Suite 400
Downers Grove, IL 60515 USA

Fax: +1.708.344.4444
Phone : +1.855.326.8341 or
+1.224.563.3121

A: BADGE INFORMATION One registrant per form. Please copy form for each additional registrant.

Male Female Prefer not to Disclose

FIRST (GIVEN) NAME	LAST (FAMILY) NAME	GENDER IDENTITY
JOB TITLE		COMPANY/AFFILIATION
MAILING ADDRESS		
CITY	STATE/PROVINCE	POSTAL CODE COUNTRY
TELEPHONE		EMERGENCY CONTACT PHONE
EMAIL		

Society Membership: You must be a member of IEEE/ComSoc, IEEE Photonics Society or OSA to qualify for Member rates. *(Select all that apply)*

IEEE/ComSoc IEEE Photonics Society OSA

B: CONFERENCE AND EXPOSITION REGISTRATION

1. TECHNICAL CONFERENCE REGISTRATION	Before or On 4 February 2019	After 4 February 2019	
Conference Registration Member	US \$672	US \$798	\$ _____
Conference Registration Non-member	US \$843	US \$980	\$ _____
Conference Registration Student Member	US \$197	US \$278	\$ _____
Conference Registration Student Non-member	US \$237	US \$359	\$ _____
 2. EXHIBITS PASS PLUS	US \$0	US \$0	\$ _____

C: SHORT COURSE REGISTRATION (See website for Short Course Descriptions)

Half-Day Courses	Before or On 4 February	After 4 February	
Half-Day Short Course Member	US \$275	US \$335	X _____ \$ _____
Half-Day Short Course Non-member	US \$350	US \$410	X _____ \$ _____

Course Numbers: (Circle selected courses)

SC102	SC105	SC114	SC160	SC177	SC178	SC203	SC205	SC208	SC216
SC217	SC261	SC267	SC325	SC327	SC328	SC341	SC347	SC357	SC359
SC369	SC384	SC385	SC390	SC393	SC395	SC408	SC428	SC429	SC431
SC433	SC443	SC444	SC445	SC448	SC450	SC451	SC452	SC459	SC460
SC461	SC462	SC463	SC464	SC465	NEW! SC468	NEW! SC469	NEW! SC470	NEW! SC473	

Hands-on Courses	Before or On 4 February 2019	After 4 February 2019	
Hands-on Member	US \$335	US \$385	X _____ \$ _____
Hands-on Non-Member	US \$410	US \$480	X _____ \$ _____
*Hands-on Member – SC432	US \$435	US \$485	X _____ \$ _____
*Hands-on Non-Member – SC432	US \$510	US \$580	X _____ \$ _____

Course Numbers: (Circle selected courses)

SC432	SC446	SC453A	SC453B	SC454	NEW! SC472
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D: ADDITIONAL OFC PRODUCTS

OFC Awards Luncheon Ticket	US\$ 45	X _____	\$ _____
(NOT included with conference registration)			
Extra Conference Reception Ticket	US\$ 85	X _____	\$ _____
(1 ticket included with conference registration)			

TOTAL PAYMENT \$ _____

Registration for OFC implies consent that management may use any pictures taken during OFC events, which may include your likeness, without remuneration.

E: DEMOGRAPHIC INFORMATION (required)

- How many previous times have you attended OFC?
 - A. None. This will be my first time.
 - B. 1-4 times
 - C. 5-9 times
 - D. 10 or more times
- What are your main reasons for attending OFC? (select up to three)
 - A. To show/see products
 - B. To network with friends, colleagues
 - C. To see/network with vendors
 - D. To develop or generate new ideas
 - E. To see innovative new science
 - F. To keep up-to-date with industry trends and issues
 - G. To make product or service purchasing decisions
 - H. To meet with customers
 - I. To present my work
 - J. Other _____
- What category best describes your job function? Please select one:
 - A. Executive Management (CEO, CFO, etc.)
 - B. Executive Technical (CTO, CIO, Chief Scientist)
 - C. R&D Director/Manager
 - D. Network Systems Engineer
 - E. Researcher/Scientist (Corp/Govt)
 - F. Marketing or Sales
 - G. Professor/Educator
 - H. Purchasing Director/Manager
 - I. Student
 - J. Technician
 - K. Press
 - L. Product Engineer
 - M. Manufacturer's Representative
 - N. Venture Capitalist/Financier
 - O. Other _____
- Which category best describes your organization? Select as many as apply:
 - A. Carrier/Service Provider
 - B. Content Provider
 - C. Enterprise/Private Cloud
 - D. Data Center Operator
 - E. Systems/Network Equipment Manufacturer
 - F. Components/Device Manufacturer
 - G. Test Equipment Manufacturer
 - H. Fiber and Cable Supplier
 - I. Government Agency/Contractor
 - J. Investment/Venture Capital
 - K. Contract Manufacturer
 - L. Academia
 - M. Other _____
- What is your role in purchasing?
 - A. Make Purchasing Decisions
 - B. Influence Purchasing Decisions
 - C. Specify Products/Services
 - D. No Role
- What types of product are you or your organization interested in? Select as many as apply:
 - A. Active and Passive Components
 - B. Cable and Fiber
 - C. Data Center/IT Products
 - D. Network Equipment/Software
 - E. Test or Manufacturing Equipment
 - F. None of the Above
 - G. None of the above
- What is your Organization's Annual Purchasing Budget?
 - A. Less than \$100K
 - B. \$100-\$500K
 - C. \$501K - \$999K
 - D. \$1 million - \$9 million
 - E. Over \$10 million
 - F. Don't Know / Not Applicable
- Check here if you do not want OFC to provide your mailing address to third parties.
 - I do not want to provide my mailing address
- Would you like a Certificate of Attendance? (Note: Certificates will be sent post show via email to participants who checked this box AND attended the event.)
 - Yes No

F: PAYMENT INFORMATION

Payment must accompany registration form to complete processing. Your full name and address should be typed or printed clearly on your check or wire transfer/bank draft.

Method of Payment – Option 1: Check Wire transfer/bank draft

Bank of America
1501 Pennsylvania Avenue NW SWIFT: BOFAUS3N
Washington DC 20013 ABA# 0260-0959-3
The Optical Society Account# 20 867 84 287

Note: The wire transfer/check should include the registrant's name, invoice number and OFC 2019. 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.

Method of Payment – Option 2: VISA MasterCard American Express Discover

CARD NUMBER _____ EXP. DATE _____

CARD HOLDER'S NAME AS IT APPEARS ON THE CARD I authorize The Optical Society to charge the total payment fee indicated on this form to my credit card. If the registration fee is received by OSA after 4 February 2019, I authorize OSA to charge the on-site registration fee, as stated on this form.

CARD HOLDER'S SIGNATURE _____ DATE _____

Refund policy: All requests for refunds must be made in writing and include full name and address of the registrant. A US \$75 service charge will be assessed for processing refunds. Refund payments will be issued in the same manner as the payments were received. Requests for refunds must be received no later than 18 February 2019 to be honored. Email refund requests to OFC@compusystems.com. Please allow four to six weeks for processing. By completing and submitting this registration form, you agree to OFC's Policies and Terms of Registration <http://www.ofcconference.org/registration-terms>.