

OFC 2020 ATTENDEE REGISTRATION FORM

8 – 12 March 2020 • San Diego Convention Center, San Diego, California, USA

Online:
www.ofcconference.org

Mail:
OFC 2020
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.

Man Woman Prefer not to Disclose

FIRST (GIVEN) NAME	LAST (FAMILY) NAME	GENDER IDENTITY
JOB TITLE		COMPANY/PROFESSIONAL AFFILIATION
WORK ADDRESS		
CITY	STATE/PROVINCE	POSTAL CODE
TELEPHONE		EMERGENCY CONTACT NAME & MOBILE (CELL) 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, and provide your ID Number)

IEEE/ComSoc IEEE Photonics Society OSA

B: CONFERENCE AND EXPOSITION REGISTRATION

1. TECHNICAL CONFERENCE REGISTRATION	On or Before 10 February 2020	After 10 February 2020
Conference Registration Member	US\$ 679	US\$ 806
Conference Registration Non-member	US\$ 851	US\$ 990
Conference Registration Student Member	US\$ 199	US\$ 281
Conference Registration Student Non-member	US\$ 239	US\$ 363
2. EXHIBITS PASS PLUS US\$ 0 US\$ 0		

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

Half-Day Courses	On or Before 10 February	After 10 February
Half-Day Short Course Member	US\$ 275	US\$ 335
Half-Day Short Course Non-member	US\$ 350	US\$ 410

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
SC384	SC390	SC393	SC395	SC408	SC428	SC429	SC431	SC433	SC443
SC444	NEW! SC447	SC448	SC450	SC451	SC452	SC459	SC460	SC461	SC462
SC463	SC464	SC465	SC468	SC470	SC473	NEW! SC484	NEW! SC485	NEW! SC486	

Hands-on Courses	On or Before 10 February 2020	After 10 February 2020
Hands-on Member	US\$ 335	US\$ 385
Hands-on Non-Member	US\$ 410	US\$ 480
*Hands-on Member – SC432	US\$ 435	US\$ 485
*Hands-on Non-Member – SC432	US\$ 510	US\$ 580

*Attendees will design a PIC that will actually be fabricated and characterized.

Course Numbers: (Circle selected courses)

SC369	SC432*	SC446	SC453A	SC453B	SC454	SC469	SC472	NEW! SC483	NEW! SC487
-------	--------	-------	--------	--------	-------	-------	-------	---------------	---------------

D: ADDITIONAL OFC PRODUCTS

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

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. This will be my first time.
 - C. 5-9 times
 - B. 1-4 times
 - D. 10 or more times
- What are your main reasons for attending OFC? Select up to three:
 - A. To show/see products
 - C. To see/network with vendors
 - E. To see innovative new science
 - G. To make product or service purchasing decisions
 - I. To present my work
 - B. To network with friends, colleagues
 - D. To develop or generate new ideas
 - F. To keep up-to-date with industry trends and issues
 - H. To meet with customers
 - J. Other _____
- What category best describes your job function? Select one:
 - A. Executive Management (CEO, CFO, etc.)
 - C. R&D Director/Manager
 - E. Researcher/Scientist (Corp/Govt)
 - G. Professor/Educator
 - I. Student
 - K. Press
 - M. Manufacturer's Representative
 - O. Other _____
 - B. Executive Technical (CTO, CIO, Chief Scientist)
 - D. Network Systems Engineer
 - F. Marketing or Sales
 - H. Purchasing Director/Manager
 - J. Technician
 - L. Product Engineer
 - N. Venture Capitalist/Financier
- Which category best describes your organization? Select as many as apply:
 - A. Carrier/Service Provider
 - C. Enterprise/Private Cloud
 - E. Systems/Network Equipment Manufacturer
 - G. Test Equipment Manufacturer
 - I. Government Agency/Contractor
 - K. Contract Manufacturer
 - M. Other _____
 - B. Content Provider
 - D. Data Center Operator
 - F. Components/Device Manufacturer
 - H. Fiber and Cable Supplier
 - J. Investment/Venture Capital
 - L. Academia
- What is your role in purchasing?
 - A. Make Purchasing Decisions
 - C. Specify Products/Services
 - B. Influence Purchasing Decisions
 - D. No Role
- What types of product are you or your organization interested in? Select as many as apply:
 - A. Active and Passive Components
 - C. Data Center/IT Products
 - E. Test or Manufacturing Equipment
 - B. Cable and Fiber
 - D. Network Equipment/Software
 - F. None of the Above
- What is your Organization's Annual Purchasing Budget?
 - A. Less than \$100K
 - C. \$501K - \$999K
 - E. Over \$10 million
 - B. \$100-\$500K
 - D. \$1 million - \$9 million
 - F. Don't Know / Not Applicable
- Check here if you want OFC to provide your mailing address to third parties.
 - Yes, I 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 (send to 2010 Massachusetts Ave NW, Washington, DC 20036) Wire transfer/bank draft

Bank of America
1501 Pennsylvania Avenue NW
Washington DC 20013

SWIFT: BOFAUS3N
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 2020. 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 _____ CVV _____

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 10 February 2020, 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 24 February 2020 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 <https://www.ofcconference.org/en-us/home/registration/>