

ICALEO[®]

27th INTERNATIONAL CONGRESS ON
APPLICATIONS OF LASERS & ELECTRO-OPTICS

ICALEO[®] On-site Conference Registration Form

Please Print or Type Prof. Dr. Mr. Mrs. Ms. Miss

First Name/Initial/Last Name (Surname): _____

Business Affiliation: _____

Dept./Bldg./Mail Stop/etc.: _____

Street Address or PO Box: _____

City/State/Zip (Postal) Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Check here if you have any special needs and LIA will contact you.

On-site Conference Registration:

Full Conference:

Member \$825 Non-Member \$925

One Day / Two Day Registration:

Monday Tuesday Wednesday Thursday

Member \$350 Non-Member \$375 x _____ (# of days) = \$ _____

Additions:

Guests:

Includes all receptions, awards luncheon, & am/pm breaks

\$170USD PP Name of Guest: _____

Payment Information:

Check or Money Order VISA Mastercard AMEX Amount Authorized: \$ _____

Credit Card No.: _____ Security Code*:

Name on Credit Card: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____

Please fax the completed registration form to (407) 380-5588.

*The Security Code is a 3- or 4- digit number (not part of the credit card number) that appears on the back of the credit card (Security Code appears on the front of American Express). Payment can not be processed without Security Code.