

**The Third International Symposium  
on Advanced Optical Manufacturing and Testing Technologies  
(AOMATT 2007)  
8-11 July 2007, Chengdu, China  
(Register before 01 June 2007, save \$50)**

**1. PLEASE PRINT CLEARLY OR TYPE.**

Title: ( )Prof. ( )Dr. ( )Mr. ( )Ms.

Last (Family) Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_

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**If you are a paper author, please indicate your paper title or paper ID:**

**Paper Title or Paper ID:** \_\_\_\_\_

**2. REGISTRATION FEE (Please check the boxes.):**

The registration fee includes: one banquet ticket, admission to all conference sessions, break refreshments, and one conference proceeding. Student registration does NOT include proceeding. Pre-registration is strongly recommended for your own convenience and quick pick-up of registration materials.

**Authors, Conference Committee Members, SPIE Members:**

- |   |       |                                 |
|---|-------|---------------------------------|
| <input type="checkbox"/> Before June 01, if SPIE Member, Member ID: _____ | \$400 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> After June 01, if SPIE Member, Member ID: _____  | \$450 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> Extra Banquet Tickets: _____ x \$50              | _____ |                                 |

**Others**

- |  |       |                                 |
|--|-------|---------------------------------|
| <input type="checkbox"/> Before 01 June 2007                 | \$450 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> After 01 June 2007                  | \$500 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> Extra Banquet Tickets: _____ x \$50 | _____ |                                 |

**Full-time Students (Need to show student photo ID at check-in):**

- |   |       |                                  |
|---|-------|----------------------------------|
| <input type="checkbox"/> Author/SPIE Student Member. Member ID: _____ | \$150 |                                  |
| <input type="checkbox"/> Other (before 01 June 2007)                  | \$175 |                                  |
| <input type="checkbox"/> Other (after 01 June 2007)                   | \$200 |                                  |
| <input type="checkbox"/> Extra Banquet Tickets: _____ x \$50          | _____ |                                  |
| <input type="checkbox"/> Proceedings: _____ x \$60                    | _____ | Proceeding Volume Numbers: _____ |

**Grand Total (US\$):** \_\_\_\_\_

**3. PAYMENT:**

**By Credit Card. Charge will be in US dollar.**

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**By Bank Check**

- Check# \_\_\_\_\_ Amount US\$ \_\_\_\_\_ (Payable to SPIE)

**4. FAX COMPLETED REGISTRATION FORM**

**To:** Linda Warren  
SPIE – International Society for Optical Engineering  
Bellingham, WA 98227-0010 USA

**Fax Number:** 360-647-1445  
**Phone Number:** 360-676-3290  
**Email:** lindaw@spie.org