

**The Fourth International Symposium
on Advanced Optical Manufacturing and Testing Technologies
(AOMATT 2008)
19-21 November 2008, Chengdu, China
(Register before 15 Oct 2008 to save \$50)**

1. PLEASE PRINT CLEARLY OR TYPE.

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

Last (Family) Name: _____ Middle Name: _____ First (Given) Name: _____

Professional Affiliation/Institution: _____

Department: _____

Address: _____

ZIP Code: _____ Country: _____

Tel (Office): _____ FAX (Office): _____

E-mail: _____

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 Oct 15, if SPIE Member, Member ID: _____ | \$480 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> After Oct 15, if SPIE Member, Member ID: _____ | \$530 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> Extra Banquet Tickets: ____x \$50 | _____ | |

Others

- | | | |
|--|-------|---------------------------------|
| <input type="checkbox"/> Before 15 Oct 2007 | \$580 | Proceeding Volume Number: _____ |
| <input type="checkbox"/> After 15 Oct 2007 | \$630 | 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: _____ | \$180 | |
| <input type="checkbox"/> Other (before 15 Oct 2007) | \$220 | |
| <input type="checkbox"/> Other (after 15 Oct 2007) | \$260 | |
| <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.

- MasterCard VISA American Express Discover

Card Number: _____ Expiration Date: (month) _____ / (year) _____

Three-Digit Security Code (on back of card) _____

Cardholder's Name: _____

Signature: _____ Date: _____

By Bank Check

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

4. FAX COMPLETED REGISTRATION FORM

To: Linda Warren
SPIE
Bellingham, WA 98227-0010 USA

Fax Number: 360-647-1445

Phone Number: 360-676-3290

Email: lindaw@spie.org