

**The 7th International Symposium
on Advanced Optical Manufacturing and Testing Technologies
(AOMATT 2014)
26-29 April 2014, Harbin, China
(Register before 12 April, 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.):

Regular and Student Full Registration Includes: admission to all conference sessions, break refreshments, 1 conference Proceeding on CD, 1 Welcome Reception ticket (evening of April 26th), 1 ticket to a performance (evening of April 27th), 4 lunch tickets. Additional tickets to the performance for companions (at no cost) can be requested on-site. **Pre-registration is strongly recommended** for your own convenience.

Authors, Conference Committee Members, SPIE Members:

- | | |
|--|-------|
| <input type="checkbox"/> Before 12 April, if SPIE Member, Member ID: _____ | \$620 |
| <input type="checkbox"/> After 12 April, if SPIE Member, Member ID: _____ | \$670 |
| <input type="checkbox"/> Extra Reception Tickets: ____ x \$30 | _____ |

Other Attendees

- | | |
|---|-------|
| <input type="checkbox"/> Before 12 April | \$720 |
| <input type="checkbox"/> After 12 April | \$770 |
| <input type="checkbox"/> Extra Reception Tickets: ____ x \$30 | _____ |

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

- | | |
|---|-------|
| <input type="checkbox"/> Author/SPIE Student Member. Member ID: _____ | \$470 |
| <input type="checkbox"/> Other (before 12 April) | \$500 |
| <input type="checkbox"/> Other (after 12 April) | \$530 |
| <input type="checkbox"/> Extra Reception Tickets: ____ x \$30 | _____ |

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) _____

Cardholder's Name: _____

Signature: _____ Date: _____

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: 360-685-5547
Email: lindaw@spie.org