

**OSA Laser Congress**  
**1 – 5 October 2017 \* Nagoya Congress Center \* 456-0036 Aichi, Nagoya, Atsuta Ward, Atsuta Nishimachi, JAPAN**  
**REGISTRATION FORM**

**SECTION A: REGISTRATION INFORMATION**

Last (Family) Name	First (Given) Name	Middle Initial
Email Address	Gender (Male/Female OR leave it blank if you prefer not to disclose)	
Professional Affiliation/Institution	Title	
Country	Work Address	
City	State/Province	ZIP/Postal Code
Telephone with Country Code	Fax with Country Code	
Emergency Contact (In case of emergency)	Emergency Contact Telephone with Country Code	
Emergency Contact Email		

**SECTION B: SPECIAL NEEDS** OSA supports the practice of inclusion and accessible meetings as guided by the American with Disabilities Act (ADA). OSA will accommodate reasonable requests whenever possible.

- I. Do you require specific aids or services in order to fully participate in this meeting? If so, please check all that apply  Visual  Audio  Mobile  Other \_\_\_\_\_  
 II. Do you have any special dietary needs to fully participate? If so, please check all that apply  Vegetarian  Other \_\_\_\_\_

**SECTION C: CONFERENCE REGISTRATION**

**I. Technical Registration** – Registration includes admission to the Technical Sessions, Lunches, Coffee Breaks, Welcome Networking, Congress Banquet (additional RSVP Fee of US\$ 10) and access to paper summaries via OSA Publishing’s Digital Library.

	On or Before 05 September 2017	After 05 September 2017
Committee OR Presenting Author – OSA Member	<input type="checkbox"/> US\$ 670	<input type="checkbox"/> US\$ 790
Committee OR Presenting Author – OSA Non-member	<input type="checkbox"/> US\$ 810	<input type="checkbox"/> US\$ 935
Full Technical Upgrade Registrant – OSA Member	<input type="checkbox"/> US\$ 745	<input type="checkbox"/> US\$ 870
Full Technical Registrant - Non-member	<input type="checkbox"/> US\$ 890	<input type="checkbox"/> US\$ 1010
Emeritus Member	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 440
Student Full Technical OSA Member	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 440
Student Full Technical Non-member	<input type="checkbox"/> US\$ 420	<input type="checkbox"/> US\$ 510

*\*If you are a Presenting Author, please provide your Abstract/Submission control ID number below. This is the ID you received when you submitted your abstract to OSA. Refer to your author acceptance/notification letter for this number. \_\_\_\_\_*

**II. Exhibit Hall Only Registration** - Only includes admission to the Exhibition.  US\$ 0

**SECTION C PAYMENT \$** \_\_\_\_\_

**SECTION D: ADDITIONAL ITEMS**

Banquet RSVP Fee	Ticket for Technical Attendees (confirm attendance)	<input type="checkbox"/> US\$ 10
<i>(OSA Laser Congress Banquet at Atsuta Shrine, Aichi Prefecture, Japan)</i>		
Banquet Tickets for Guests are available for purchase onsite only at the Registration Desk @ US\$ 95.00		
Short Course- SC 457	Complimentary Short Courses are limited for Laser Congress attendees	XXXXXXX
Short Course- SC 458	Complimentary Short Courses are limited for Laser Congress attendees	<input type="checkbox"/> US\$ 0
OSA Foundation Donation		<input type="checkbox"/> US\$ 0
		US\$ _____

**SECTION D: PAYMENT \$** \_\_\_\_\_

**COMBINED TOTAL OF SECTIONS C & D: PAYMENT \$** \_\_\_\_\_

**SECTION E: PAYMENT INFORMATION** One registrant per form. **PAYMENT MUST ACCOMPANY FORM TO COMPLETE PROCESSING.**

Your name and full address must be typed or printed clearly on your check or bank draft. **Method of Payment:** (Make check payable to **The Optical Society** in US dollars on a US bank)

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Bank Name \_\_\_\_\_ Date of Transfer \_\_\_\_\_

I authorize OSA to charge my:  VISA  Master Card  AMEX  Diner’s Club  Discover  JCB Card

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

I authorize OSA to charge the total payment indicated on this form to my credit card. If the registration form is received by OSA on or before **Thursday, 14 September 2017**, I authorize OSA to charge the registration rate as stated in Section D. Payment amount subject to membership verification.

Signature \_\_\_\_\_

**\*Note: Limited to accepting credit cards on-site.**

**Refund Policy** for pre-registration: A US \$75 service charge will be assessed for processing refunds. Requests for refunds will be honored if submitted via the conference online registration site or directly to OSA Customer Service by **Thursday, 14 September 2017**. Please contact Customer Service at <http://help.osa.org> or +1 202.416.1907 with questions regarding registration. All OSA Foundation donations are final and will not be refunded. Registration implies consent that any picture taken during OSA sponsored events can be used for meeting and promotional purposes without remuneration.

**THREE WAYS TO REGISTER**

**Online:** [www.osa.org/meetings/registration](http://www.osa.org/meetings/registration)

**Fax** +1.202.416.6140

**Mail:** OSA Finance Department c/o OSA Laser Congress 2017 Registration  
 2010 Massachusetts Ave., NW, Washington, DC 20036-1012

**NOTE:** Do not email form that contains credit card information