

**International Workshop on Thin-films for Electronics,
Electro-Optics, Energy and Sensors
(TFE3S 2017)**

25-27 June 2017, Dayton, Ohio

(Register by 15 June, 2017 and save)

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: _____

Are you an Invited Speaker/Author/Session Chair, Technical Attendee, and/or Student?

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

Paper ID and Title: _____

2. REGISTRATION FEE (Please check the boxes):

Full registration fee includes: costs for publishing in the Proceedings of SPIE and Conference Banquet Dinner. Pre-registration is strongly recommended for your own convenience and quick pick-up of registration materials.

NOTE: There is no onsite registration for this event. Registration must be done in advance of the event by submitting this form via fax or email to SPIE.

Invited Speakers, Authors and Session Chairs:

- | | |
|--|----------|
| <input type="checkbox"/> Before/On 15 June, 2017 | \$100 |
| <input type="checkbox"/> After 15 June, 2017 | \$150 |
| <input type="checkbox"/> Extra Banquet Dinner Tickets (Monday, 26 June, 2017) : _____ x \$50 | \$ _____ |

Other Attendees:

- | | |
|---|----------|
| <input type="checkbox"/> Before/On 15 June, 2017 | \$150 |
| <input type="checkbox"/> After 15 June, 2017 | \$200 |
| <input type="checkbox"/> Extra Gala Dinner Tickets (Monday, 26 June, 2017) : _____ x \$50 | \$ _____ |

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

- | | |
|--|----------|
| <input type="checkbox"/> Before/On 15 June, 2017 | \$100 |
| <input type="checkbox"/> After 15 June, 2017 | \$125 |
| <input type="checkbox"/> Extra Banquet Dinner Tickets (Monday, 26 June, 2017) : _____ x \$50 | \$ _____ |

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) _____

Security Code _____

Cardholder's Name: _____

Signature: _____ Date: _____

By Bank Check

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

4. EMAIL OR FAX COMPLETED REGISTRATION FORM

To: SPIE
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Fax Number: 1-360-647-1445

Phone Number: 1-360-676-3290 **Email:** SPIEregistration@spie.org