

OPTILAYER WORKSHOP REGISTRATION FORM

November 16-18, 2009

Biltmore Hotel & Suites, 2151 Laurelwood Rd, Santa Clara, CA 95054

Today's Date:

ATTENDEE INFORMATION

Attendee's Last Name	First	Middle	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	Preferred Nickname?
			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
Company Name					Title
Street Address					
City		State	Country	ZIP Code	
Business Phone No. () ()	Fax No. () ()		Cell Phone No. () ()		
Email Address					

DESIGN / MANUFACTURING INFORMATION

This section will help us with the organization of the "hands-on" training for design, post-processing, and characterization. Answer all that you are comfortable answering.

Are you the primary designer? Yes No

What are your primary design types?
(select all that apply)

<input type="checkbox"/> AR's	<input type="checkbox"/> Metallic Mirrors	<input type="checkbox"/> Bandpass Filters	<input type="checkbox"/> Polarizing coatings	<input type="checkbox"/> Other
	<input type="checkbox"/> Dielectric Mirrors	<input type="checkbox"/> Edge Filters	<input type="checkbox"/> Notch Filters	_____

What wavelength regions do your designs operate?
(select all that apply)

<input type="checkbox"/> X-ray	<input type="checkbox"/> Visible	<input type="checkbox"/> Mid IR
<input type="checkbox"/> UV	<input type="checkbox"/> Near IR	<input type="checkbox"/> Far IR

What type of substrates do you typically coat?
(select all that apply)

<input type="checkbox"/> Glass	<input type="checkbox"/> Plastics	<input type="checkbox"/> Semiconductors (Ge, Si, GaAs)	<input type="checkbox"/> Other
<input type="checkbox"/> Fused Silica	<input type="checkbox"/> High Index Plastics	<input type="checkbox"/> IR Substrates (ZnS, ZnSe, Cleartran, etc.)	_____

PAYMENT INFORMATION

Registration for the OptiLayer Workshop is due to JK Consulting **before November 1, 2009**. The cost for the Workshop is \$1200 USD. Please fax this form to Jennifer Kruschwitz of JK Consulting at (585)271-8861, calling to alert before you send. There must be 10 registered attendees before November 1st in order for the Workshop to occur. Credit cards will not be charged until after November 1st. Hotel arrangements must be made separately, at the cost of the attendee.

- Please register me for the Workshop..... \$1200.00
- I am bringing a guest to the Monday Reception \$35.00 extra
- I have special dietary requirements _____
- I will need a confirmation receipt

Total: _____

Credit Card Information (Visa, MasterCard, or American Express)

Cardholder Name (please print): _____

Credit card #: - - -

Expiration Date ____/____

X _____
CARDHOLDER SIGNATURE DATE