

2024 High-Brightness Congress

Compact (EUV & X-ray) Light Sources (EUV/XRAY) * High-Intensity Lasers and High-Field Phenomena (HILAS)
 Mid-Infrared Coherent Sources (MICS)
An Optica In-Person Meeting * 12-14 March
EXHIBITOR PRE-REGISTRATION FORM
www.optica.org/highbrightnessopc

A: REGISTRANT INFORMATION One person per form; copy form for additional registrants. ALL questions MUST be answered to process your registration.

Please send completed registration form to ExhibitorReg@optica.org.

FIRST (GIVEN) NAME		LAST (FAMILY) NAME	
COMPANY/PROFESSIONAL AFFILIATION		JOB TITLE	
WORK ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE		EMAIL	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	

B: DEMOGRAPHIC INFORMATION

Making progress toward a diverse, equitable and inclusive community is a core value of Optica. Data serves as a critical component for transparency and measuring progress. Show Management is collecting the following data for reporting aggregated metrics and to help identify areas of improvement.

I. Gender Identity:

Prefer not to answer Woman Man Self Identify _____

II. Which categories describe you? Choose all that apply to you:

- Prefer not to answer
- Asian – For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese
- Black or African Descent – For example: Ethiopian, Haitian, Jamaican, Nigerian, Somalian
- Indigenous – For example: Aboriginal, American Indian or Alaska Native, First Nation
- Latinx – For example: Brazilian, Colombian, Cuban, Dominican, Mexican, Puerto Rican, Salvadoran
- Middle Eastern or North African–For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian
- White or European Descent – For example: English, French, German, Irish, Italian, Polish
- Some other race, ethnicity, or origin, please specify: _____

C: TOPICAL MEETING SELECTION

I. Select the meeting you are PRIMARILY interested in attending (for statistical purposes only): (Choose one.)

EUV/XRAY HILAS MICS

II. Are you also interested in attending technical sessions in other topical meetings? (Choose all that apply.)

EUV/XRAY HILAS MICS

D: EVENT INFORMATION

I. Job Sector: (Choose one.)

Industry/For Profit Academia/Non-Profit Government Retired Other: _____

II. Do you plan to attend the Congress Reception (18:30 – 20:00 on Wednesday, 13 March)? (Choosing "Yes" does not guarantee your reservation. As an EXT, you must add the "Congress Reception RSVP Fee" item and as an EXP, you must add the "Congress Reception Extra Guest Ticket" item under Section F: Registration Add-Ons.)

Yes No

III. Do you require specific aids or services in order to fully participate in this meeting?

Visual Audio Mobile Other: _____

IV. Do you have special dietary needs?

Vegetarian Vegan Gluten-Free Other: _____

V. By submitting your registration data for this conference, you are providing show management permission to contact you regarding this specific event, future events, and its products/services. You can unsubscribe from email or print communications at any time upon request.

I understand and accept this statement.

VI. I agree to share my registration information and email address with participating exhibitors or sponsors so I can receive information about products and technologies of potential interest. I understand that I can unsubscribe from communications at any time.

I give permission for my details to be provided to sponsors/exhibitors. (Recommended)

I do not give permission for my details to be provided to sponsors/exhibitors.

IX. By registering for this meeting, you are agreeing to abide by the Optica Code of Conduct Anti-Harassment Policy. In order to preserve a climate that encourages both civil and robust scientific dialogue, we reserve the right to suspend or terminate participation for anyone who violates the Optica Code of Conduct. It is the policy of Optica that all forms of bullying, discrimination, and harassment, sexual or otherwise, are prohibited in any Optica events or activities including digital forums. Harassment consists of unwanted, unwelcomed and uninvited comments or behavior that demeans, threatens or offends another. Digital forum participants should report any comments or content that falls short of those community norms. For complete policy information visit optica.org/codeofconduct.

I understand and accept this statement

E: CONGRESS REGISTRATION

Exhibitor Full Congress Registration:

The 2024 High-Brightness Conference is in-person only. Exhibit Hall access during move-in, exhibition days, and move out. Access to all content including Technical Sessions, Plenary Sessions, Poster Sessions, and Special Events. Also includes access to Technical Digest Papers and Postdeadline Papers.

Exhibitor Technical Registration (EXT) Before/On 21 February FREE After 21 February FREE
 One (1) allotted per exhibitor contracted agreement

Exhibitor Full Conference Upgrade (EXU) EUR 715 EUR 915

Exhibit Booth Personnel (EXP):

Exhibit Hall access during move-in, exhibition days, and move out. Each company can register up to two (2) EXP. Access to the Plenary Sessions, Poster Sessions on the Exhibit Floor and Special Events.

FREE

F: REGISTRATION ADD-ONS

Congress Reception RSVP Fee x EUR 10
 18:30 – 20:00 on Wednesday, 13 March

Congress Reception Extra Guest Ticket x EUR 85
 18:30 – 20:00 on Wednesday, 13 March

Optica Foundation Donation (optional) EUR _____

TOTAL PAYMENT EUR _____

G: PAYMENT INFORMATION

Payment must accompany form to complete processing. All payments must be in Euros. Your full name and address should be typed or printed clearly on your wire transfer/bank draft. Checks and Money Orders are not accepted for this meeting. American Express Credit Cards are not accepted for this meeting.

Payment Option 1:

Wire transfer

Bank of America SWIFT: BOFAUS3N
 1501 Pennsylvania Avenue NW ABA# 0260-0959-3
 Washington DC 20013 Optica Account# 20 867 84 287

Note: Wire transfer should include the registrant's name, invoice number and High-Brightness Congress 2022. Fax any supporting documents to Accounts Receivable, Optica, fax number +1.202.416.1450. Please incorporate any bank fees associated with your wire transfer. The registrant is responsible for these fees.

Payment Option 2:

VISA Mastercard Discover Diner's Club

CARD NUMBER EXP. DATE CVV

CARD HOLDER'S NAME AS IT APPEARS ON THE CARD

I authorize Optica to charge the total payment indicated on this form to my credit card.

CARD HOLDER'S SIGNATURE DATE

Refund Policy: A EUR 66 service charge will be assessed for processing refunds. Requests for refunds that are received by **Wednesday, February 21 2024**, will be honored. All refund requests must be made in writing. No refunds will be honored after this date. Please contact Customer Service at <http://optica.org/help> or +1 202.416.1907 with questions regarding registration. All Optica Foundation donations are final and will not be refunded.