

## 2024 Optica Quantum 2.0 Conference and Exhibition

**Optica Hybrid Meeting \* 23 – 27 June 2024 \* Postillion Hotel & Convention Center WTC Rotterdam, Rotterdam, Netherlands**

### EXHIBITOR PRE-REGISTRATION FORM

[www.optica.org/Quantum](http://www.optica.org/Quantum)

**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](mailto: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 \_\_\_\_\_

**I. Job Sector: (Choose one.)**

Industry/For Profit  Academia/Non-Profit  Government  Retired  Other: \_\_\_\_\_

**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: EVENT INFORMATION**

**I. Do you plan to attend the Conference Reception (18:00 - 19:30 on Tuesday, 25 June)?**  
(One ticket is included with each Full Conference Registration. Extra Guest Tickets are available for purchase in Section E: Registration Add-Ons for EXPs.)

Yes  No

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

Visual  Audio  Mobile  Other: \_\_\_\_\_

**III. Do you have special dietary needs?**

Vegetarian  Vegan  Gluten-Free  Other: \_\_\_\_\_

**IV. By submitting your registration data for this meeting, 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.

**V. 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.

**VI. 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](http://optica.org/codeofconduct).**

I understand and accept this statement

**D: CONFERENCE REGISTRATION**

**Exhibitor Full Congress Registration:**

Access to all content (In-Person and Virtual) including Technical Sessions, Keynote Sessions, Poster Sessions, Special Events, and the Quantum-Enhanced Telescopy Workshop. Also includes access to the Exhibition (In-Person Only), and Technical Digest Papers. Exhibit Hall access during move-in, exhibition days, and move out.

**Before/On 29 May**      **After 29 May**

Exhibitor Technical Registration (EXT)  FREE       FREE  
One (1) allotted per exhibitor contracted agreement

Exhibitor Full Conference Upgrade (EXU)  EUR 730       EUR 900

**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 and Poster Sessions on the Exhibit Floor.

FREE

**E: REGISTRATION ADD-ONS**

Conference Reception Extra Guest Ticket (18:00 – 19:30, Tuesday, 25 June) . . . . . x EUR 75

Optica Foundation Donation (optional) . . . . . EUR \_\_\_\_\_

**TOTAL PAYMENT** ..... **EUR** \_\_\_\_\_

**F: 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. Check 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 Quantum 2.0 Conference 2024. 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 75 service charge will be assessed for processing refunds. Requests for refunds that are received by **Wednesday, 5 June 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.