



## REGISTRATION FORM

**Please print clearly in uppercase or electronically! All blanks must be filled out! Please note that all fees are in US Dollars.**

Name: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ Mailing State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Mailing Postal Code: \_\_\_\_\_

IEEE Member Number (If Applicable) : \_\_\_\_\_

### UPDATED PRIVACY POLICY & TERMS AND CONDITIONS

Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you have read and are in agreement with the Event Terms and Conditions ([Event Terms and Conditions](#))

*I have read and agree with the Event Terms and Conditions*    Yes    No

Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you have read and are in agreement with the IEEE Privacy Policy ([Security and Privacy Policy](#))

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Do you have any dietary restrictions?

No    Vegetarian    Pescatarian    Vegan    Gluten Free    Other: \_\_\_\_\_

May we share your name, title, company and email address with our exhibitors?

Yes    No

May we share your name, title, company and email address with our Symposium attendees?

Yes    No

Are you an author?    Yes    No    Are you a Student?    Yes    No    If so:    Graduate    Undergraduate

If you are an author, list your 4 digit Epapers paper number(s) and titles: \_\_\_\_\_

Items Purchased (Please Circle)	CAS Member		IEEE Member		Non-Member		QTY	Subtotal
	Advanced Through October 10	Regular & On-site After October 10	Advanced Through October 10	Regular & On-site After October 10	Advanced Through February 1	Regular & On-site After February 1		
Virtual Registration	\$200	\$250	\$250	\$300	\$300	\$350		
Viewer Registration	\$50							
							<b>Total</b>	

Payment Type:     Visa                     Mastercard                     American Express                     Bank Transfer

Name on Credit Card: \_\_\_\_\_

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Please return completed form to Taylor Lineberger at [tlineberger@conferencecatalysts.com](mailto:tlineberger@conferencecatalysts.com)

Signature: \_\_\_\_\_