



**2015 II-VI WORKSHOP REGISTRATION FORM**  
**U.S. Workshop on the Physics and Chemistry of II-VI Materials**  
**Embassy Suites Chicago Downtown/Lakefront, Chicago, IL**  
**October 5-8, 2015**

Last Name	First Name	Informal Name	Initial
Job Title or Rank			
Company/Government Agency/University			
Affiliation Address (Street/Avenue)		Mail Stop/P.O. Box/Code	
City	State	Zip Code	Country
Phone Number	Fax Number	E-Mail	

**Advance Registration Must Be Received By September 11, 2015**

- |                                                                                                                                                     |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Registration Fee* w/ Electronic Proceedings (Industrial, Government, or University)                                                                 | <input type="checkbox"/> \$795.00 |
| Registration Fee* w/ Printed (Soft-cover) Proceedings (Industrial, Government, or University)                                                       | <input type="checkbox"/> \$845.00 |
| Full-Time University Student or Retiree Fee* w/ Electronic Proceedings (Student ID required)                                                        | <input type="checkbox"/> \$195.00 |
| Full-Time University Student or Retiree Fee* w/ Printed (Soft-cover) Proceedings (Student ID Required)                                              | <input type="checkbox"/> \$245.00 |
| Additional Electronic Copies of the Book of Abstracts <input type="checkbox"/> CD Qty ____ @\$ 5.00 <input type="checkbox"/> USB Qty ____ @\$ 10.00 |                                   |

**TOTAL:** \_\_\_\_\_

\*Fee includes lunches, refreshments, a copy of the Book of Abstracts, and a copy of the Proceedings.

**Yes, I will attend (please check all that you will attend):**

- Monday Tutorial     Tuesday Breakfast     Tuesday Lunch  
 Tuesday Night Reception  
 Wednesday Breakfast     Wednesday Lunch  
 Thursday Breakfast     Thursday Lunch

**Please specify your meal requirements:**     Vegetarian     Other \_\_\_\_\_  
 Kosher     Gluten-Free

**Payment Method**

- Check (payable to **The II-VI Workshop**)                       VISA                       MasterCard                       American Express

Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Credit Card Billing Address Zip Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Return this form with your Remittance:

**By Mail:**  
**II-VI Workshop**  
**Attn: Alicia Waldron**                      **-OR-**  
**411 Lafayette Street, Suite 201**  
**New York, NY 10003**

**By Fax:**  
**(212) 460-5460**  
**(Credit Card Only)**

**Register Online at:**  
**[www.ii-viworkshop.org](http://www.ii-viworkshop.org)**

**For a copy of the 2015 II-VI Workshop Advance Program, please visit the official II-VI Website at**  
**[www.ii-viworkshop.org](http://www.ii-viworkshop.org)**