



2021 II-VI WORKSHOP REGISTRATION FORM
U.S. Workshop on the Physics and Chemistry of II-VI Materials
Embassy Suites Chicago Downtown Magnificent Mile, Chicago, IL
October 25 – 28, 2021

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 October 4, 2021

- | | |
|--|--|
| Registration Fee* w/ Electronic Proceedings (Industrial, Government, or University) | <input type="checkbox"/> \$825.00 |
| Registration Fee* w/ Printed (Soft-cover) Proceedings (Industrial, Government, or University) | <input type="checkbox"/> \$875.00 |
| Full-Time University Student or Retiree Fee* w/ Electronic Proceedings (Student ID required) | <input type="checkbox"/> \$255.00 |
| Full-Time University Student or Retiree Fee* w/ Printed (Soft-cover) Proceedings (Student ID Required) | <input type="checkbox"/> \$310.00 |
| Electronic Copies of the Book of Extended Abstracts | <input type="checkbox"/> CD Qty ____ @\$15.00 <input type="checkbox"/> USB Qty ____ @\$15.00 |

TOTAL: _____

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Monday Tutorial | <input type="checkbox"/> Tuesday Breakfast | <input type="checkbox"/> Tuesday Lunch |
| <input type="checkbox"/> Tuesday Night Reception | <input type="checkbox"/> Wednesday Breakfast | <input type="checkbox"/> Wednesday Lunch |
| <input type="checkbox"/> Thursday Breakfast | <input type="checkbox"/> Thursday Lunch | |

Please specify your meal requirements: Vegetarian Other _____
 Kosher Gluten-Free

Payment Method

- | | | | |
|--|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Check (payable to The II-VI Workshop) | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> 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: Samantha Tola
411 Lafayette Street, Suite 201
New York, NY 10003

-OR-

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

-OR-

Register Online at:
www.ii-viworkshop.org

For a copy of the 2021 II-VI Workshop Advance Program, please visit the official II-VI Website at
www.ii-viworkshop.org