



2024 II-VI WORKSHOP REGISTRATION FORM
U.S. Workshop on the Physics and Chemistry of II-VI Materials
Drury Plaza Hotel San Antonio Riverwalk
September 30 - October 3, 2024

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	

Registration must be received by September 2, 2024, to receive advanced pricing.

Registration Fee* w/ Electronic Proceedings (Industrial, Government, or University)	<input type="checkbox"/> \$895.00
Registration Fee* w/ Printed (Soft-cover) Proceedings (Industrial, Government, or University)	<input type="checkbox"/> \$880.00
Full-Time University Student or Retiree Fee* w/ Electronic Proceedings (Student ID required)	<input type="checkbox"/> \$295.00
Full-Time University Student or Retiree Fee* w/ Printed (Soft-cover) Proceedings (Student ID Required)	<input type="checkbox"/> \$310.00
Electronic Copy of the proceedings <input type="checkbox"/> USB Qty ____ @\$15.00	
TOTAL: _____	

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

<p><u>Yes, I will attend (please check all that you will attend):</u></p> <p><input type="checkbox"/> Monday Tutorial</p> <p><input type="checkbox"/> Tuesday Breakfast <input type="checkbox"/> Tuesday Lunch <input type="checkbox"/> Tuesday Night Reception</p> <p><input type="checkbox"/> Wednesday Breakfast <input type="checkbox"/> Wednesday Lunch</p> <p><input type="checkbox"/> Thursday Breakfast <input type="checkbox"/> Thursday Lunch</p>	<p><u>Please specify your meal requirements:</u></p> <p><input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten-Free</p> <p><input type="checkbox"/> Other _____</p>
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<p><input type="checkbox"/> Check (payable to PALISADES CONVENTION MANAGEMENT, INC. DBA II/VI Workshop)</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Card No. _____ Expiration Date: _____</p> <p>Credit Card Billing Address Zip Code _____</p> <p>Card Holder's Name _____</p> <p>Signature _____</p> <p>Return this form with your Remittance:</p> <p>By Mail: II-VI Workshop 411 Lafayette Street, Suite 201 New York, NY 10003</p>	<p>Payment Method</p>	<p>By Fax: (212) 460-5460 (Credit Card Only)</p> <p style="text-align: center;">-OR-</p> <p>Register Online at: www.ii-viworkshop.org</p> <p style="text-align: center;">-OR-</p>
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For a copy of the 2024 II-VI Workshop Advance Program, please visit the official II-VI Website at www.ii-viworkshop.org