



2023 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 30 - November 2, 2023

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 October 9, 2023, to receive advanced pricing.

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.

<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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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:

<p>By Mail: II-VI Workshop 411 Lafayette Street, Suite 201 New York, NY 10003</p>	<p>-OR-</p> <p>By Fax: (212) 460-5460 (Credit Card Only)</p>	<p>-OR-</p> <p>Register Online at: www.ii-viworkshop.org</p>
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For a copy of the 2023 II-VI Workshop Advance Program, please visit the official II-VI Website at www.ii-viworkshop.org