

59th IWCS/IICIT CONFERENCE™ ADVANCE REGISTRATION FORM (Deadline November 3, 2010)

REGISTRANT INFORMATION (or REGISTER ONLINE AT – www.iwcs.org)

(Please print clearly - one character per space.)

PREFIX: ___Dr. ___Mr. ___Mrs. ___Ms. ___Miss

LAST NAME (FAMILY NAME) _____ FIRST NAME _____ NICKNAME _____

COMPANY NAME _____

COMPANY ADDRESS LINE 1 _____

COMPANY ADDRESS LINE 2 _____

CITY, STATE, ZIP CODE FOR US or ADDRESS LINE 3 FOR INTERNATIONAL _____

COUNTRY (IF NOT USA) _____ BUSINESS TELEPHONE _____ BUSINESS FAX _____

E-MAIL ADDRESS (NAME@SERVER.XXX) _____ I wish to receive information from IWCS by email

Are you on the Symposium Mailing List? Yes ___ No ___ Is this a new address? Yes ___ No ___ If so, please give previous Zip Code for US or Previous Country for International. _____

Which of these best describes your market segment, business or product and job function:

Market Segment

- 1 ___ Telecom
- 2 ___ Data
- 3 ___ Automotive
- 4 ___ Aerospace
- 5 ___ Academic
- 6 ___ Electronic/Instrumentation
- 7 ___ Specialty Industrial
- 8 ___ Power
- 9 ___ Industry Publisher

Business/Product

- 1 ___ Metallic W & C
- 2 ___ Optical Fiber
- 3 ___ Optical Cable
- 4 ___ Connectors & Assemblies
- 5 ___ Materials/Additives
- 6 ___ Academic
- 7 ___ Engineering/Design
- 8 ___ W & C User
- 9 ___ Gov't/Military
- 10 ___ Standards & Specifications

Job Function

- 1 ___ Research/Development
- 2 ___ Engineering
- 3 ___ Production/Quality
- 4 ___ Sales/Marketing
- 5 ___ Corporate Executive
- 6 ___ Purchasing
- 7 ___ Installer/field
- 8 ___ Specifier
- 9 ___ Consulting

TECHNICAL SYMPOSIUM Registration Fees

(MON-WED) – Includes Technical Sessions, Exhibits and Plenary Session

	ADVANCED	ONSITE	ADVANCED ONE DAY	ONSITE ONE DAY	ADVANCED 1-DAY; 5-PACK	ADVANCED 1-DAY; 10 PACK
General Admission (TSGA)	\$725	\$975	\$400	\$450	\$1500	\$2500
Speaker (One Per Paper) (TSSP)	\$575	\$675	\$300	\$350		
Academic (Faculty with ID) (TSGV)	\$175	\$175	<input type="checkbox"/> Mon	<input type="checkbox"/> Mon	Note: 5 or 10 packs are for individuals within a company only. If you choose a pack, please fax form to +1-732-389-0991 with payment to receive special registration	
Spouses of Registered Attendees (TSSS)	\$175	\$200	<input type="checkbox"/> Tue	<input type="checkbox"/> Tue		
Student Fee (with ID) (TSSF)	\$ 25	\$ 25	<input type="checkbox"/> Wed	<input type="checkbox"/> Wed		

ADDITIONAL EVENT FEES

PROFESSIONAL DEVELOPMENT COURSES (SUNDAY)

(Circle Choices Below)

	ADVANCED	ONSITE
One Course	\$545	\$645
Two Courses	\$820	\$920
One Course w/Tech Registration	\$350	\$450
Two Courses w/Tech Registration	\$500	\$600

CIRCLE CHOICE OF COURSE(S) (Go to www.iwcs.org for Course Titles & Descriptions)

(11/7/10 am) 1 2 3 4 (11/7/10 pm) 5 6 7 8 9

EXHIBIT HALL FEES (Focus Suppliers' Exhibition - Mon thru Wed)

Choose One Day Only:

	ADVANCED	ONSITE
<input type="checkbox"/> Mon (SMON) or <input type="checkbox"/> Tue (STUE)	\$ 50	\$ 75
Two Days (SETD) (Mon & Tues)	\$ 95	\$120
Wednesday Free (must register onsite)		

TOTAL CONFERENCE REGISTRATION FEES ENCLOSED \$ _____ \$ _____

MAIL COMPLETED FORM TO:

QMS Services, Inc
6840 Meadowridge Ct.
Alpharetta, GA 30005

OR REGISTER ONLINE AT www.iwcs.org

IF YOU REGISTER ONLINE OR IF FORM IS FAXED, **"DO NOT MAIL THE ORIGINAL,"** AS THIS MAY CAUSE YOU TO BE REGISTERED TWICE.

CANCELLATION POLICY:

Conference cancellation must be received in writing by 10/8/10 and are subject to a \$25 processing fee. After this date, no refunds are granted. However, substitutions may be made at any time.

FAX FORM TO QMS Services, Inc.: +1-678-341-3083 (EXCEPT 5 & 10 PACKS FAX TO IWCS, INC.: +1-732-389-0991)

PAYMENT IN FULL MUST ACCOMPANY THIS FORM OR YOU WILL HAVE TO REGISTER ONSITE.

***DO NOT FAX UNLESS YOU ARE PAYING BY CREDIT CARD.**

FAX TO QMS SERVICES, INC.: +1-678-341-3083

REGISTRATION FEE IS PAID BY:

- Check enclosed payable to:
IWCS, Inc. (Check must be in US Dollars drawn on a US Bank. Non US checks will be returned.)

CREDIT CARD INFORMATION

___ VISA ___ Master Card ___ AMEX

Name on Card (Please Type) _____

Card No. _____

Exp Date _____ CVV or CID# _____

Billing address if different from above. _____

Signature _____