UK / US Directed Energy Workshop Registration

15-19 June 2015 Swindon, United Kingdom

Register online at www.deps.org, or fill out form below. Mail or fax completed form with payment to:

Directed Energy Professional Society 7770 Jefferson St. NE, Suite 440 Albuquerque, NM 87109 Phone 505-998-4910, Fax 505-998-4917

Personal Information:		
Name:	Last	Name for Badge:
	Last	Position:
Street Address:		
City/State/Zip/Country:		
Phone:	Email:	
☐ Please check if you require special assistance	Check here if you	do not wish to receive proceedings for this event.
Select one of the following release options:		
 ☐ My personal information may be included on the attendees list. ☐ Only my name and organization should be included on the attendees list. ☐ Information about me should not appear on the attendees list. 		
Short Course Registration (Monday, 15 June & Friday, 19 June) Short courses are \$240 for a half-day and \$450 for the full-day course. Full-time RDA students can attend the short courses for free.		
 □ 1. Introduction to High Energy Lasers □ 2. Introduction to RF Technologies □ 3. Laser Deconfliction □ 4. Tri-Service Lethality (full day class) 	Monday 15 June, 1300-1700 Monday 15 June, 1300-1700 Friday 19 June, 0800-1200 Friday 19 June, 0800-1700	\$
* Are you a full-time RDA student? ☐ Yes	□ No	
Workshop Registration (Monday – Friday, 15-19 June): Please select one of the following workshop registration options. Through 18 May Through 9 June		
DEPS Member registration \$950 Non-member registration \$1100 Government registration \$665	\$1100 \$1250 \$665	\$
* If DEPS member, please specify member number:		
Area of Interest: Please select the primary area of interest. Although registrants may attend any session of the workshop, this information helps with our planning. □ RF DEW □ Laser DEW		
Total Payment: ☐ Payment by Check (Make checks payable to "a Payment by Credit Card ☐ Visa ☐ MasterCard ☐	DEPS") American Express	
Account Number:	Expiration Date	ə:
Signature:	•	
If different from that provided above, please provide the following information for the Credit Card being used.		
Name on Card: Phone Number:		
Billing Address:		

Street

City

State

Zip