

**Sixth Annual Advanced High Power Lasers and
Co-Located Beam Control Conference Registration**

27-30 June 2016
Colorado Springs, Colorado

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: _____ Name for Badge: _____
Mr./Mrs./Ms./Dr./Rank First Initial Last

Organization: _____ 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, 27 June)

Short courses are \$250 for a half-day and \$450 for the full-day course. Full-time students can attend the short courses for free.

- 1. Intro to Laser Beam Quality Measures Full-day class, 0800-1700
- 2. Windows and Coatings for HEL Systems Half-day class, 1300-1700
- 3. Semiconductor Diode Lasers Half-day class, 1300-1700
- 4. LEEDR and Atmospheric Effects (Limited C) Half-day class, 1300-1700 \$ _____

* Are you a full-time student? Yes No If yes, specify school: _____

Event Registration (Tuesday, 28 June – Thursday, 30 June):

Please select one of the following conference registration options.

	Through 30 May	Through 24 June	On-Site	
<input type="checkbox"/> DEPS Member registration *	\$800	\$900	\$1000	\$ _____
<input type="checkbox"/> Non-member registration	\$860	\$960	\$1060	
<input type="checkbox"/> Government Employees	\$665	\$665	\$665	

* If DEPS member, please specify member number: _____

Other Options

DEPS Membership (\$40) \$ _____
Join DEPS now and receive the member rate for your registration

Companion Meal Tickets

Note: Your registration includes breakfast snacks/breaks/lunch Tuesday through Thursday, as well as the Tuesday evening reception. These options allow your guest to join you for these events.

All-inclusive Guest Meal Ticket for \$150 Reception Only Ticket for \$40 \$ _____

* If either ticket is purchased, please specify companion's name for badge: _____

Do you need information about companion events? Yes No

Planning Information

Note: Your answers to these questions do not imply a commitment; however, they are needed for planning purposes.

Will you attend Limited Distribution sessions? Yes No

Total Payment: \$ _____

- Payment by Check (Make checks payable to "DEPS")
- Payment by Credit Card
 - Visa MasterCard American Express

Account Number: _____ Expiration Date: _____

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