

Directed Energy Systems Symposium Registration 16 – 19 November 2020

Register online at www.deps.org, or email form to registration@deps.org. 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: _____ Phone: _____
Mr./Mrs./Ms./Dr./Rank First Initial Last

Organization: _____

Street Address: _____

City/State/Zip/Country: _____

Email : _____

Release options: (please select one)

- 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: (Mon, 16 November) \$300 for a single half-day; \$550 for full day / two half-day. \$ _____

All courses are Limited Distribution C or D, restricted to government employees (C) or employees of US DoD or its contractor (D).

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|--|-------------|--|-------------|
| <input type="checkbox"/> 1. Systems Engineering for DE Systems (C) | 0800 - 1200 | <input type="checkbox"/> 5. Atmospheric Laser Propagation (C) | 1300 - 1700 |
| <input type="checkbox"/> 3. HPM Modeling (C) | 0800 - 1200 | <input type="checkbox"/> 6. HPM DE Weapons and their Effects (C) | 1300 - 1700 |
| <input type="checkbox"/> 4. Introduction to Counter DE (D) | 0800 - 1200 | <input type="checkbox"/> 7. Design/Tests for Transitioning DEW Systems (D) | 1300 - 1700 |

Symposium Registration: (Tues, 17 November – Thurs, 19 November) (please select one) \$ _____

- Virtual Symposium Registration, DEPS Member \$300
- Virtual Symposium Registration, Non-member \$350

DEPS Membership Join DEPS now and receive the member rate for this conference. \$ _____

\$45

Check here if you do not wish to receive proceedings from the event.

Total Payment: \$ _____

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

Account Number: _____ Expires: _____ CVV#: _____

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Please provide the following information for the credit card being used if the information is different from the Personal Information above.

Name on Card: _____ Phone Number: _____

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