## Joint Conference on T&E Support Registration 1–4 February 2021 - A Virtual Event!

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:	
Name: Mr./Mrs./Ms./Dr./Rank First	Initial Last	Thore	
Organization:			
Street Address:			
City/State/Zip/Country:			
Email :		☐ Check here if you do not wish to receive proceeding	ngs from the event.
Release options: (please select one)  ☐ My personal information may be included on t ☐ Only my name and organization should be inc ☐ Information about me should not appear on t	luded on the attendees lis	t.	
Short Course Registration: (Mon, 1 February) (	Courses are <b>\$300</b> for a sing	le half-day; <b>\$550</b> for two half-day.	\$
☐ 1.T&E of HEL Systems (Limited C)	0800-1200	☐ 6. Design of Tests for Transitioning DEW Systems (Limited D)	1300-1700
☐ 2. T&E of HPM Systems (Limited C)	0800-1200	☐ 7. Combat Systems Engineering of DEWs (Limited D)	1300-1700
☐ 3. Introduction to DoD T&E Process (Limited D)	0800-1200	☐ 8. HPM M&S Tools for T&E (Limited D)	1300-1700
☐ 4. Cybersecurity T&E (Open)	0800-1200	$\square$ 9. T&E in Support of Prototyping & Experimentation (Open)	1300-1700
☐ 5. TENA & JMETC for Distributed T&E (Open)	0800-1200	☐ 10. Predicting & Validating Prototyping Performance (Open)	1300-1700
Conference Registration: (Tues, 2 February – Th	urs, 4 February ) (please se	elect one)	\$
□ Virtual Conference, DEPS / ITEA Member		\$ 300	
$\square$ Virtual Conference, Non-Member		\$ 350	
* DEPS/ITEA members, please specify me	ember number: DEPS	ITEA #	
Other Options:  Membership The Non-Member price includes of I would like a one year:  DEPS MEMBERSHIP of Security Questions  I will attend limited sessions		ither DEPS or ITEA - please indicate your preference.	
Total Payment:			\$
☐ Payment by Check (Make checks payable to "I	DEPS")		
☐ Payment by Credit Card: ☐ Visa ☐ Mas		oress	
Account Number:		Expires: CVV#:	
		·	
Please provide the following information for the	credit card being used if the in	nformation is different from the Personal Information above.	
Name on Card:	: Phone Number:		
Billing Address:Street	<i>C</i> 11	600	7:
Street	City	State	Zip

Persons requesting cancellation prior to 4 January will receive a full refund. Cancellations after 4 January are subject to a \$100 cancellation fee. No refunds will be given after 29 January. For further registration information, contact DEPS at 505-998-4910 or office@deps.org.