

2021 Annual Directed Energy S&T Symposium Registration 22-26 March 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: _____
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, 22 March) \$300 for a single half-day; \$550 for full day / two half-day. Free for Full Time Students. \$ _____

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|---------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|-------------|
| <input type="checkbox"/> 1. Intro to HEL Systems (A) | 0800 - 1200 | <input type="checkbox"/> 5. HEL Modeling (C) | 1300 - 1700 |
| <input type="checkbox"/> 2. Intro to HPM Systems (C) | 0800 - 1200 | <input type="checkbox"/> 6. HPM DE Weapons and Their Effects (C) | 1300 - 1700 |
| <input type="checkbox"/> 3. Windows & Coatings (A) | 0800 - 1200 | <input type="checkbox"/> 7. Modeling Dynamic Optical Systems (A) | 1300 - 1700 |
| <input type="checkbox"/> 4. Digital Holography for DE Applications FULL DAY (A) | 0800 - 1700 | | |

Symposium Registration: (Tues, 23 March – Friday, 26 March) (please select one) \$ _____

Registration Includes 1-Year DEPS Membership

- Virtual Symposium Registration, DEPS Member \$300
- Virtual Symposium Registration, Non-member \$350
- Virtual Symposium Registration, Full Time Student* \$0

* Full Time Students, Please Specify School: _____

Questions

- Will you attend the DE Student Workshop?
- Will you be attending Limited Distribution sessions and/or short courses
- 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#: _____

Signature: _____

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: _____

Billing Address: _____
Street City State Zip