Joint Conference on DE T&E Support Registration 5–8 February 2024 - Albuquerque, New Mexico

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 :		f you require special assistance. 👗	C
Release options: (please select one)	Check here if y	you do not wish to receive proceedir	ngs from the event.
□ My personal information may be included on the attendees list.			
\Box Only my name and organization should be included on the attendees lie	st.		
\Box Information about me should not appear on the attendees list.			
t Course Registration: (Mon, 5 February) \$300 for a single half-day; \$550 for full day / two half-day.			\$
□ 1.T&E of HEL Systems (Distro C) 0800 - 1200	□ 4. T&E of HPM Systems	□ 4.T&E of HPM Systems (Distro C)	
□ 2. Fundamentals of T&E (Distro A) 0800 - 1200	□ 5. Design of Tests for Transitioning DEWS (Distro D)		1300 - 1700
3. Test/Training Solutions w/ TENA, JMETC, BDKM (Distro A) 0800 - 1200	\Box 6. Al Techniques, Tools, and Trends (Distro A)		1300 - 1700
Conference Registration: (Tues, 6 February – Thurs, 8 February) (please so	elect one)		Ś
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DEPS / ITEA Member Registration *	\$1350	\$1450	\$1550
Non-Member Registration (includes 1 yr membership to DEPS or ITEA - indicate preference belov	v) \$1450	\$1550	\$1650
Government / Active Military Registration **	\$850	\$850	\$850
Full-Time Student ***	\$300	\$350	\$400
Other Options:			
Membership The Non-Member price includes a one year membership to eit	her DEPS or ITEA - please ind	icate vour preference	
* DEPS ITEA members, please specify member number: DEPS			
** Government / Active Duty Military, please specify agency:			
*** Full-Time Students, please specify school:			
I would like a one year: DEPS MEMBERSHIP or DITEA MEMBERSHIP			
Security Questions			
□ I will attend limited sessions □ I will attend classified sessions	\Box I have a CAC card	or Military ID for base access (r	etired OK)
Total Payment:			Ś
Payment by Check (Make checks payable to "DEPS")			¥
Payment by Credit Card: Visa American Explosite to Date of Am	nress		
Account Number:	Expires:	CVV#:_	
Signature:			
Please provide the following information for the credit card being used if the i	nformation is different from t	he Personal Information above.	
Name on Card:	Phone Number:		
Billing Address:		Chate	
Street City		State	Zip

Email Address for receipt (if different from above): _