



**REGISTRATION FORM**  
**IEEE MEMS 2008 CONFERENCE**  
**January 13 - 17, 2008**  
**Tucson, Arizona USA**

Institution:    Industry     Academia     Research/Lab     Government

Region:    Americas     Europe/Africa     Asia/Oceania

First/Given Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Preferred First Name on Name Tag: \_\_\_\_\_ Degree: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

IEEE Member No.: \_\_\_\_\_ Member of which IEEE Society: \_\_\_\_\_

Classification:    Conference Presenter     Participant     Paper No. \_\_\_\_\_

Please note that at least one author has to register for each paper in order to publish it in the conference proceedings and the final program. For this reason, please insert your paper number.

Name on electronic mailing list to be available to commercial supporters and conference attendees:    Yes     No

If you require special arrangements, please indicate your request below:

Dietary: \_\_\_\_\_ Physical: \_\_\_\_\_

How did you hear about the IEEE MEMS 2008 Conference?  
 Direct Mail     Another Conference     Word of Mouth     Conference Website     Other: \_\_\_\_\_

**CONFERENCE FEE**

	Early Bird On or Before Sept 30, 2007	Advanced Oct 1, 2007 to Nov 16, 2007	Standard Nov 17, 2007 to Jan 3, 2008	On Site After Jan 4, 2008	
<input type="checkbox"/> IEEE Member	\$600	\$675	\$750	\$800	\$ _____
<input type="checkbox"/> IEEE Non-Member	\$750	\$825	\$900	\$950	\$ _____
<input type="checkbox"/> Student (with confirmation*)	\$550	\$550	\$600	\$650	\$ _____

\* Include Student Advisor's Name: \_\_\_\_\_

**DAILY CONFERENCE FEE**

	Registration Rate per Day	Number of Days	Which Days?	
<input type="checkbox"/> IEEE Member	\$400	x _____	_____	\$ _____
<input type="checkbox"/> IEEE Non-Member	\$500	x _____	_____	\$ _____
<input type="checkbox"/> Student (with confirmation*)	\$350	x _____	_____	\$ _____

\* Include Student Advisor's Name: \_\_\_\_\_

Pre-registration will close on January 4, 2008. After January 4, 2008, all prospective attendees will register on-site at the standard rate. Please bring this registration form with payment to on-site registration.

Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The registration fee includes program material, (1) Technical Digest and CD-ROM, exhibit hall access, welcome reception, Wednesday Conference Banquet, lunches, refreshment/coffee breaks, and a 20% non-refundable cancellation fee. A \$50 fee will be charged for all substitutions. All requests for refunds must be received in writing no later than January 4, 2008. No refunds will be made after this date. **PLEASE NOTE:** The Wednesday Evening Conference Banquet IS NOT included in the price of a daily registration.

**ADDITIONAL PURCHASES**

**Conference Proceeding and CD-ROM**, additional set (conference fee includes 1 set)

IEEE Member                      Cost per set: \$100                      No. of sets: \_\_\_\_\_                      Total      \$ \_\_\_\_\_

IEEE Non-Member                      Cost per set: \$125                      No. of sets: \_\_\_\_\_                      Total      \$ \_\_\_\_\_

**Additional Conference Banquet Ticket** (1 ticket is included in the conference fee, unless a **Daily Registrant**)

Cost per ticket: \$80                      No. of tickets: \_\_\_\_\_                      Total      \$ \_\_\_\_\_

Name of Guest (if applicable) \_\_\_\_\_

Grand Total      \$ \_\_\_\_\_

**PAYMENT**

**Bank Wire Transfer** (bank wire transfer information will be sent via email to you upon receipt of this form)

**Check/Money Order** – Make checks payable to: **MEMS 2008 Conference**

**Credit Card Payment** (circle one):                      VISA                      MasterCard                      American Express

Card No.: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_ Verification Code (a 3 digit number on the signature line of your card): \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

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If you prefer to pay by check or money order, please complete and submit this form, with your check or money order payable to:

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