

SPIE ID #

Name and Address

 First Name MI. Last Name

 Title

 Company

 Address (include Mail Stop)

 City State Zip/Postal Code

 Country

 Phone Fax

 E-Mail Address (SPIE does not sell e-mail addresses) Date of Birth

Check this box if you do not wish to receive relevant information from organizations other than SPIE.

Application Form

2009 Prism Awards for Photonics Innovation

Mail or fax this form to
 SPIE, PO Box 10
 Bellingham, WA 98227-0010 USA

Phone +1 360 676 3290
 Fax +1 360 647 1445
 Web: spie.org/innovate
 E-mail: innovation@spie.org
 Submit one form per person.

Prism Award Application Fee

A fee of \$235.00 USD is required for **each** entry. Two banquet tickets are included as part of your application fee.

Name of product:

1.) _____ \$235.00

2.) _____ \$235.00

3.) _____ \$235.00

Additional Banquet tickets # _____ @ \$95 each

APPLICATION FEE TOTAL

\$ _____

ADDITIONAL BANQUET TICKET TOTAL

\$ _____

TOTAL

\$ _____

Payment Method

Payment must accompany registration. Credit card payments will be charged in USD and converted to your local currency by your card company or bank.
 Payment by check may be made in Euro (see <http://www.xe.net/ucc/> to convert your total fees).

Check # _____ Amount USD \$ _____ (payable to SPIE)

Credit Card: Card Number:

- VISA
- MasterCard
- American Express
- Diners Club
- Discover

I authorize SPIE to charge total payment fee (as indicated on this form) to my credit card.

Credit Card Expiration Date _____

Date: _____ Signature _____