SPIE ID # _____

Application Payment Form

PRISM AWARDS 10
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: prismawards.org
E-mail: innovation@spie.org
Submit one form per person.

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.

Prism Award Application Fee

A fee of $235.00 USD is required for **each** entry.

Name of product:

1) _____
_____ ❑ $235.00

2) _____
_____ ❑ $235.00

3) _____
_____ ❑ $235.00

APPLICATION FEE 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) | | | | *Security Code*

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_____

Application Deadline 17 Sep. 2010

PrismAwards.org

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