



ISSLED 2008

International Symposium on Semiconductor Light Emitting Devices

April 27 - May 2, 2008
Hyatt Regency
Phoenix, Arizona, USA

Advance Registration Form

Advance Registration Deadline: April 14, 2008
Register online, by fax or by mail.

(Forms received past the deadline will be processed at the on-site fee.
Payment must accompany form.)

Choose only one option for submitting your registration form.

WEB	Take advantage of online advance registration at www.tms.org (Requires credit card payment)	FAX	Fax this form to TMS Meeting Services at (724) 776-3770. (Requires credit card payment)	MAIL	Return this form with payment to TMS, Meeting Services, 184 Thorn Hill Road, Warrendale, PA 15086-7514 USA
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Please print or type:

Salutation Dr. Prof. Mr. Mrs. Ms.

Last Name _____ First Name _____ Middle _____

Employer _____ Job Title _____

Address is Business Home Street/P.O. Box _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail _____

Name of Guest (if applicable) (Guests do not receive admission to technical sessions.) _____

Registration Fees:

	Advance Fees (Through April 14)	On-Site Fees (After April 14)
Full Conference	\$575	\$675
Student	\$375	\$475

(Students must attach a copy of school identification card.)

Fee includes technical sessions, exhibit, reception, coffee breaks, banquet and proceedings.

Social Function Tickets for Guests:

	Fee	Quantity	Total
Banquet	\$80	_____	\$ _____
Dietary Restrictions	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher		
<input type="checkbox"/> Other (specify)	_____		

TOTAL FEES: \$ _____

Additional Proceedings:

One copy of the proceedings in CD-ROM format is provided to those paying the registration fee. Additional copies of the CD are also available for purchase (below). Proceedings will also be available for purchase at the conference.

Additional Copies of Proceedings:

	Fees	Quantity	Total
CD-ROM	\$59	_____	\$ _____

Payment Options:

Check payable to TMS in U.S. dollars drawn on a U.S. bank

Visa MasterCard American Express Diners Club

Card Number _____

Expiration Date _____

Cardholder Name (Please print.) _____

Cardholder Signature _____

Refund Policy:

Written requests for refunds due to cancellations must be received by TMS no later than April 14, 2008. A \$75 processing fee is charged for registration cancellations. No refunds are processed after the above deadline.

Questions?

Telephone TMS Meeting Services at (800) 759-4TMS or (724) 776-9000, ext. 243, or e-mail mtgserv@tms.org.