



REGISTRATION FORM

Name: _____

Company/Affiliation: _____

Mailing Address: _____

City: _____ Mailing State/Province: _____

Country: _____ Mailing Postal Code: _____

E-Mail Address: _____ Phone: _____

Are you a student? Yes No If yes: Graduate Undergraduate Recent Grad

Affiliation Type (Academia, Industry, Government, etc.) _____

REGISTRATION FEES	Through July 1, 2022	After July 1, 2022	Selection
Regular	\$885 USD	\$960 USD	
Student Non-Member	\$555 USD	\$630 USD	

TUTORIAL FEES	Selection
Non-Member	\$150 USD
Student	\$25 USD

May we share your name, title, company, and email address with our exhibitors? Yes <input type="checkbox"/> No <input type="checkbox"/>
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May we share your name, title, company, and email address with our conference delegates? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Which one of the following most closely matches your current employment status?
<input type="checkbox"/> Employed in academia
<input type="checkbox"/> Employed in government
<input type="checkbox"/> Employed in private industry – research
<input type="checkbox"/> Employed in private industry - manager of research
<input type="checkbox"/> Employed in private industry - engineering/applications
<input type="checkbox"/> Employed in private industry - manager of engineering/applications
<input type="checkbox"/> Self-employed
<input type="checkbox"/> Full-time student
<input type="checkbox"/> Retired
<input type="checkbox"/> Not currently employed
Other: _____

Do you have any dietary restrictions?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please specify:
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Pescatarian
<input type="checkbox"/> Vegan
<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Dairy Free
Other:

Do you have any special needs or disabilities that we may address to make your participation more enjoyable?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:

Are you an author of an accepted paper at OFS 2022?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please answer the below.
1. Paper 1 Number:
2. Paper 1 Title:
3. Paper 2 Number:
4. Paper 2 Title:
5. Paper 3 Number:
6. Paper 3 Title:
7. Paper 4 Number:
8. Paper 4 Title

Is this your first time attending OFS?
Yes <input type="checkbox"/> No <input type="checkbox"/>

How did you hear about OFS?
Website <input type="checkbox"/> Colleague/Professor <input type="checkbox"/> Social Media <input type="checkbox"/> Mailing List <input type="checkbox"/> Previous OFS <input type="checkbox"/>
If Other, please specify:

Are you a member of FOSA? If yes, you can qualify for the early registration rate through the conference dates. Contact organizers (cmiller@conferencecatalysts.com) for details.
Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you plan to attend the Welcome Reception on Monday, August 29 at the Westin?
Yes <input type="checkbox"/> No <input type="checkbox"/>

AUTHOR REGISTRATION

For an accepted paper to be presented, at least one author must be registered. The paper must be presented at the conference in order to be published.

Principal Author: Covers 2 papers, can add up to 2 additional papers for \$100 publication fee each.

Principal Author (Student): Covers 1 paper, can add up to 1 additional paper.

Co-Author: Covers 1 paper, can add up to 1 additional paper.

Co-Author (Student): Covers 1 paper, can add up to 1 additional paper.

Do you need to add additional paper fee(s) to your registration?

ADDITIONAL PAPER	FEE	Selection
Principal Author <i>Add up to two</i>	\$100 USD	
Principal Author (Student), Co-Author, or Co-Author (Student) <i>Add up to one</i>	\$100 USD	

TERMS AND CONDITIONS

By submitting your email address during the event registration process, you agree that OFS and its event partners may send you event-related information. A valid email address is required for all registrations. OFS uses the personal data you provide in this registration for administering your participation in this event. This may include information about the event's content, event logistics, payment, updates, and additional information related to the event. OFS may disclose your personal data to third party service providers engaged by OFS to assist in the conduct of the event (e.g. housing bureau, mobile application provider). Information you provide when registering for or participating in an event managed or co-sponsored by parties other than or in addition to OFS may be shared with those parties, and the treatment of such information is further subject to the privacy policies of those parties. Except as described herein, OFS will not disclose your personal data to any other third party without your consent except where required to do so by law.

*** I accept the Event Terms and Conditions.**

Payment: VISA MasterCard American Express Bank Transfer

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: _____ CCV: _____

Signature: _____

Bank transfers are non-refundable.