



## REGISTRATION FORM

**Please print clearly in uppercase or electronically! All blanks must be filled out! Please note that all fees are in US Dollars. Symposium registration includes access to all technical sessions and invited speakers. Tutorial registration is **NOT** included in a Full Conference Registration.**

### PERSONAL INFORMATION

First & Last Name: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ Mailing State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Mailing Postal Code: \_\_\_\_\_

Registration Type (Select one):

IEEE Life Member       IEEE Member       IEEE Member – Student       Non – Member

Non – Member Student

IEEE Member Number (If Applicable): \_\_\_\_\_

### ADDRESS

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Mailing State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Mailing Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### UPDATED PRIVACY POLICY & TERMS AND CONDITIONS

Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you have read and are in agreement with the Event Terms and Conditions ([Event Terms and Conditions](#))

I have read and agree with the Event Terms and Conditions  Yes      No

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Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you

have read and are in agreement with the IEEE Privacy Policy ([Security and Privacy Policy](#))

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I have read and agree with the IEEE Privacy Policy  Yes  No

Are you a currently enrolled University Student?

Yes – Graduate Student  Yes – Undergraduate Student  No

Are you an author of an accepted paper or poster?

Yes  No

If yes:

Paper number – 1<sup>st</sup> accepted submission: \_\_\_\_\_

Paper title – 1<sup>st</sup> accepted submission: \_\_\_\_\_

Paper number – 2<sup>nd</sup> accepted submission (if applicable): \_\_\_\_\_

Paper title – 2<sup>nd</sup> accepted submission (if applicable): \_\_\_\_\_

Paper number – 3<sup>rd</sup> accepted submission: \_\_\_\_\_

Paper title – 3<sup>rd</sup> accepted submission: \_\_\_\_\_

Paper number – 4<sup>th</sup> accepted submission (if applicable): \_\_\_\_\_

Paper title – 4<sup>th</sup> accepted submission (if applicable): \_\_\_\_\_

Is this your first time attending ISAF?

Yes  No

If yes, how did you hear about ISAF 2021?

Website  Colleague  Social Media  Previous Symposium

Other: \_\_\_\_\_

Would you like to receive emails from the IEEE Ultrasonics, Ferroelectrics, and Frequency Control Society?

Yes  No

May we share your name, title, company and email address with our exhibitors & patrons?

Yes  No

May we share your name, title, company and email address with our conference delegates?

Yes  No

What is your affiliation type?

Academia  Industry  Government  Other: \_\_\_\_\_

**Fees – Non-Refundable**

- \$75.00 IEEE Life Member
- \$100.00 IEEE Student Member/ \$115.00 IEEE Student Member after 3/31/2021
- \$130.00 Non-Member Student/ \$145.00 Non-Member Student after 3/31/2021
- \$300.00 IEEE Member/ \$350.00 IEEE Member after 3/31/2021
- \$350.00 Non-Member/ \$400.00 Non-Member after 3/31/2021
- \$250.00 Web Patron
- \$1000.00 Gold Patron
- \$1500.00 Platinum Patron

**IEEE ISAF 2021 TUTORIALS – Non-Refundable**

- \$75.00 IEEE Member/Life Member Tutorial Fee
- \$75.00 Student Tutorial Fee
- \$100.00 Non-Member Tutorial Fee

**Virtual Group Registration**

Any organization that registers 5 or more FULL registrations and at least 5 additional registrations (e.g., students) for 10 total, then we will give away unlimited additional free STUDENT registrations to anyone from those organizations (with the same email domain)

Please contact [kbonicard@conferencecatalysts.com](mailto:kbonicard@conferencecatalysts.com) once the 10 registrations have completed their registration, and we will provide discount codes for the remaining attendees - you will need to provide their email addresses.

**Payment**

- Visa                       Mastercard                       American Express                       Bank Transfer
- Check

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_

Please return completed form to Kerstin Bonicard at [kbonicard@conferencecatalysts.com](mailto:kbonicard@conferencecatalysts.com)

Signature: \_\_\_\_\_