



The Thirteenth International Conference on Fiber Optics & Photonics

Indian Institute of Technology Kanpur, India
04-08 December, 2016

Conference registration form

Part 1: Registration Information (please write in block capitals)

Title _____ Last Name _____

Middle Name _____ First Name _____

Affiliation _____

Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Telephone _____

Fax _____ Email _____

Part 2: Registration Payment

	Before July 15, 2016	Till November 15, 2016	On Spot
Regular Academic	USD 600/ Rs 9000	USD 700/ Rs 10,000	USD 800/ Rs 12,000
Student Applicant	USD 250/ Rs 5,000	USD 350/ Rs 6,000	USD 450/ Rs 7,500
Post Doctoral Fellow	USD 300/ Rs 6,000	USD 400/ Rs 7,000	USD 500/ Rs 8,500
Business	USD1000/ Rs 14,000	USD 1100/ Rs 15,000	USD 1200/ Rs 18,000

Notes: Members of OSA and OSI will get a discount of 15% on registration fee.

Membership OSA OSI

Membership No: _____

Member Price	Before July 15, 2016	Till November 15, 2016	On Spot
Regular Academic	USD 510/ Rs 7650	USD 595/ Rs 8,500	USD 680/ Rs 10,200
Student Applicant	USD 215/ Rs 4,250	USD 300/ Rs 5,100	USD 400/ Rs 6,375
Post Doctoral Fellow	USD 255/ Rs 5,100	USD 340/ Rs 5,950	USD 425/ Rs 7,225
Business	USD1000/ Rs 14,000	USD 935/ Rs 12,750	USD 1020/ Rs 15,300

Registration Fee Paid

Amount (USD/Rs) _____ Charges (if any) (USD/Rs) _____ Total (USD/Rs) _____

Method of Payment

Payment (by one of the methods listed below) must accompany the registration form. **Please note your registration will not be processed until payment has been received in full.**

- A: Cheque (payable to PHOTONICS 2016; enclose details)
- B: Bank draft (payable at Kanpur in favour of PHOTONICS 2016; enclose details)
- C: Bank transfer (contact conference secretariat; enclose details)
- D: Credit card (enclose details)



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Payment details

A: Cheque no: _____ Date _____

Name of the Bank _____

B: Draft no: _____ Date _____

Name of the Bank _____

C: Date of Transfer: _____ Reference No _____

Name of the Bank _____

D: Type of Credit Card _____ Date _____

Credit Card No _____ Exp Date _____

Date:

Signature:

Name:

(Please send the form along with the payment to PHOTONICS 2016 Secretariat, Southern Lab-216. Indian Institute of Technology Kanpur Kanpur, Uttar Pradesh, 208016, INDIA. You can also fax the form at +91-512-259-7436. or email at photonics2016iitk@gmail.com)

(In any case of difficulty, please contact Conference Secretariat at +91-512-259-7187)