

SPIE Defense, Security, and Sensing
2009 Clusters Special Course/Workshop Offer

1. This offer requires enrollment from 16 March – 27 March 2009
2. For each two paid participants, a third participant may enroll in a course of equal or lesser cost for free
3. See spie.org/dss for a complete list of courses and workshops
4. Course prices include Florida State Tax
5. Exhibition admission is included with course or workshop registration.
6. Technical program registration is not included in course or workshop registration. To register for the technical program go to spie.org/dss and submit your conference registration separately

Fill out the appropriate information below then FAX this form to:

+1 360 647 1445 Attention John Cain. If you have any questions, please contact Mr. Cain at johnc@spie.org or +1 360 685 5503.

Paid Participant 1 Course Number _____ Price \$ _____ SPIE ID# _____

First / Given Name MI. Last / Family Name

Title

Company

Address (include Mail Stop)

City State / Province 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.

Participant 1 Payment Method

Credit card payments will be charged in USD and converted to your local currency by your card company or bank.

Check # _____ Amount USD\$ _____ (payable to SPIE)

Credit Card: VISA MasterCard American Express Diners Club Discover

Card Number: _____

Security Code from back of card _____

Expiration Date _____ **Signature** _____

I authorize SPIE to charge total payment fee (as indicated on this form) to my credit card.

Paid Participant 2 Course Number _____ Price \$ _____ SPIE ID# _____

First / Given Name MI. Last / Family Name

Title

Company

Address (include Mail Stop)

City State / Province 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.

Participant 2 Payment Method

Credit card payments will be charged in USD and converted to your local currency by your card company or bank.

Check # _____ **Amount USD\$** _____ **(payable to SPIE)**

Credit Card: VISA MasterCard American Express Diners Club Discover

Card Number: _____

Security Code from back of card _____

Expiration Date _____ **Signature** _____

I authorize SPIE to charge total payment fee (as indicated on this form) to my credit card.

Free Participant

Course Number _____ Price \$ _____ SPIE ID# _____

First / Given Name MI. Last / Family Name

Title

Company

Address (include Mail Stop)

City State / Province 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.