



11th International Topical Meeting on Optics of Liquid Crystals
Marriott Suites Clearwater Beach on Sand Key, Florida, USA
October 2 - 7, 2005

REGISTRATION FORM

Registering early will help plan the meeting more efficiently. Payment must accompany registration form to complete processing. **Pre-registration deadline is April 30, 2005.**

Title		
First Name		
Last Name		
Company		
Address	Street:	
	City:	
	State:	
	Country:	
	ZIP (Postal Code)	
Telephone		
Fax		
e-mail		

Special requests

Transportation: Please let us know your arrival date, airport and departure date if you would need transportation between the airport and the conference hotel. This information can be sent as soon as it becomes available.

Arrival Date		Arrival Airport	
Departure Date		Departure Airport	

Lodging: A block of suites is reserved for the participants of the conference in Marriott Suites Clearwater Beach on Sand Key, Florida, at the greatly reduced conference rate of \$139/night. Each suite can comfortably accommodate at least two people with their own rooms, TV sets, etc. If you would like to share a suite with a colleague, or if you would like BEAM Co. to make the hotel reservation for you, please complete and send the Hotel Reservation Form. Please include your share of the hotel payment in your registration fee.



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REGISTRATION FEE (US\$)

Registration Type	Before April 30, 2005	After April 30, 2005
Regular	300	350
Student	150	200
One day	200	250

Registration fee for the meeting includes admission to technical sessions, the technical exhibition, one copy of the abstracts, CD-ROM copy of the complete proceedings for each presenting/corresponding author, welcome reception and conference reception, breakfast and lunch.

Method of Payment

Payable to BEAM Co., reference OLC 2005. Quote the name of the participant.

CHECKS shall be mailed to

Beam Engineering for Advanced Measurements Co.
809 S. Orlando Ave., Suite I
Winter Park, FL 32789
USA

BANK TRANSFER (Contact Beam for bank transfer information)

Bank name	Bank of America
Bank address	750 South Orlando Ave. Winter Park, FL 32789
Account name	BEAM Co.
Account #	
Routing #	
SWIFT #:	BOFAUS3N

A copy of the payment instruction should be enclosed with the conference registration form.

CREDIT CARDS Fill in the form below and fax to: 1-407-629-0460. Alternatively,
you may provide the required information by phone.

Cancellation An administration charge of US\$35 will be made for processing refunds. A request for cancellation must be made in writing. In the case of cancellation, requests received on or before August 31, 2005 will be refunded (less the administration charge). No refunds will be available if notice of cancellation is received after August 31, 2005.



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CREDIT CARD PAYMENT AUTHORIZATION FORM

Re: OLC 2005

Name as it appears on card	Address associated with card	
	Street	
	City	
	State	
	Country	
	ZIP (Postal Code)	

Card Type

	VISA
	Mastercard
	American Express

Card No.

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Expiration date

		/				
Month	/		Year			

Cardholder's Signature: _____

Date

		/				2005
Month	/		Day	/		Year

FAX THE FORM TO: 1-407-629-0460

OR CALL: 1-407-629-1282



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HOTEL RESERVATION FORM

A block of suites is reserved at the greatly reduced conference rate of US\$ 139.00 (plus tax). The rooms will be held till September 2, 2005. Please make your reservation well before this deadline.

For on-line reservation at conference rate visit:

<https://marriott.com/reservation/availability.mi?propertyCode=TPAMS&gc=beabeaa>

COMPLETE AND SUBMIT THIS FORM IF:

You would like to share a suite with:	You would like to reserve a full suite
1 st choice:	I would like BEAM Co. to make the reservation for me and am sending the payment with my registration fee.
2 nd choice:	
3 rd choice:	

Arrival Date	Departure Date

Reservation Type	Shared suite	Full suite
Rate per night	US\$ 69.50	US\$ 139.00
Total number of nights:		
Total US\$ to be submitted with registration fee		

Hotel address

Marriott Suites Clearwater Beach on Sand Key
 1201 Gulf Blvd.
 Clearwater Beach, FL 33767

Tel. 727-596-1100
 Toll free 800-228-9290 (reservations)
 Fax 727-595-4292
<http://www.ClearwaterBeachMarriottSuites.com>

For a complete detailing of the hotel visit:
<http://www.whihotels.com/ebrochures/msandkey/index.html>

Visa Letter Request Form

Conference Name: International Topical Meeting on Optics of Liquid Crystals 2005

Conference Dates: October 2 - 7, 2005

Conference Location _Clearwater Beach, Florida, USA_____

Paper Number/Title _____

Personal Information:

1. Title (Mr./Ms./Dr./Prof.) _____

Family Name _____

Given Name _____

Middle Name _____

2. Gender _____ Date of Birth _____

3. Nationality _____

4. Passport Number _____

5. E-mail Address _____

6. FAX Number _____

7. Affiliation Name (Organization/Institution) _____

8. Address for correspondence _____

9. Nearest US Consulate _____

Please complete one form per person.

Complete form and return to OLC 2005/ c.o. BEAM Co.

FAX: 1 407 629 0460

-OR-

E-mail the above information to: olc2005@beamco.com _____