

SESHA Federal ID #
86-0455636

SESHA Symposium Registration Form

17-21 April - Embassy Suites by Hilton, Scottsdale Resort, Scottsdale, Arizona

PLEASE PRINT CLEARLY

Name: (For Badge) _____ Member ID _____

Job Title: _____

Company: (For Badge) (Limit to 20 Characters and Spaces) _____

Mailing Address: (Include Full Name of Business Affiliation) _____

City: _____ State/Country: _____ ZIP/Postal Code: _____

Phone: _____ FAX: _____ Email: _____

Special Needs _____

Pre-registration deadline 27 March

	Pre-registration	After 3/20
<input type="checkbox"/> Conference Attendee	\$795	\$895
<input type="checkbox"/> First Responders/Regulatory Authorities	\$350	\$450
<input type="checkbox"/> Full-Time Student	\$100	\$100
<input type="checkbox"/> Fellow	\$398	\$398
<input type="checkbox"/> One Day Member <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. (Maximum 2 days)	\$450	\$450
<input type="checkbox"/> Tuesday Power Lunch - <i>Be 1 of 9 to sign up for a chance to win an iPad, and eat lunch with an Exhibitor</i>	No Fee	No Fee

Registration Total _____

Professional Development Courses

Monday, 17 April

PDC 1-Semiconductor Industry EPA Greenhouse Gas Emissions Reporting (1-5pm, Sherer) \$150

Friday, 21 April

PDC 2-Energetics Materials (8am-Noon, Ngai) \$150

PDC 3-Accident Incident Investigation Steve Trammel and UL (1-5pm) \$150

Additional Activities

- Golf (1:00 PM, Monday) TBD
- Camelback Climb (Early AM, Wednesday) No Charge
- 5K Fun Run (Early AM, Thurs) T-SHIRT SIZE Small Medium Large X Large No Charge
- Bicycling No Charge
- Tennis (Early AM, Wednesday, Thursday) \$25

Registration _____
PDC/Workshop _____
Additional Activities _____
Total Amount Due _____

PAYMENT – Made through 2017 Corporate Partner Membership - *if your organization is not a Corporate Partner, you will be invoiced at the conference attendee rate and agree to pay in full.*

American Express VISA MasterCard

Check made payable to: SESHA

Card # _____ Exp _____ CV2 _____

Cardholder Name _____ Signature _____

Address _____

City, State _____ Zip _____

Cardholder Email _____ Phone _____

Cancellation Policy: Substitutions of meeting participants may be made at any time without penalty. All conference and tour cancellations must be in writing and must reach the SESH Office by 20 March to receive a refund. All refunds will be issued after the meeting minus a 20% processing fee. Refunds will not be issued to no-shows. Email to: MScarborough@BurkInc.com

Demographics

Data collected for demographical purposes only

Type of company you work for:

- | | | | |
|---|--------------------------|--------------------------|--|
| Semiconductor/Device Manufacturer | <input type="checkbox"/> | <input type="checkbox"/> | System Manur (PC, Consumer Goods, Etc.) |
| Optical | <input type="checkbox"/> | <input type="checkbox"/> | Semiconductor Equipment Supplier |
| Flat Panel Display | <input type="checkbox"/> | <input type="checkbox"/> | Storage Devices |
| Compound Semiconductor | <input type="checkbox"/> | <input type="checkbox"/> | Optoelectronics |
| Microelectronics Manufacturing | <input type="checkbox"/> | <input type="checkbox"/> | Medical Devices |
| Consultant | <input type="checkbox"/> | <input type="checkbox"/> | Surface Mount Tech/Printed Circuits Boards |
| University/Faculty | <input type="checkbox"/> | <input type="checkbox"/> | Architectural/Engineering or Design/Build |
| Chemical/Petro-Chemical/Manuf Materials | <input type="checkbox"/> | <input type="checkbox"/> | Supplier - Specify Below |
| Government | <input type="checkbox"/> | <input type="checkbox"/> | Other - Specify Below |

Specify if you selected Supplier or Other above:

Job Title: _____

Employment Level:

- Senior Management (VP, Director, President, Etc.)
- Other Management
- Staff/Individual Contributor

Purchasing power:

- | | | | |
|----------------------|--------------------------|--------------------------|-----------|
| Makes Final Decision | <input type="checkbox"/> | <input type="checkbox"/> | Specifies |
| Recommends | <input type="checkbox"/> | <input type="checkbox"/> | Other |

Job Function:

- | | | | |
|--------------------|--------------------------|--------------------------|--------------------------------------|
| Student | <input type="checkbox"/> | <input type="checkbox"/> | Environmental Engineering/Management |
| Retired | <input type="checkbox"/> | <input type="checkbox"/> | Safety Engineering/Management |
| Marketing/Sales | <input type="checkbox"/> | <input type="checkbox"/> | Occupational Health/Medical |
| Consultant | <input type="checkbox"/> | <input type="checkbox"/> | Risk Management/Insurance |
| Government/Public | <input type="checkbox"/> | <input type="checkbox"/> | General Management/Corporate |
| Education/Training | <input type="checkbox"/> | <input type="checkbox"/> | Facilities Management |

Buying dollars (what \$ authority do you have)(Optional Category):

Are you repeat attendee or first time

- Repeat
- First Time

Primary areas of interest (multiple selections possible)

- Environmental Compliance/Engineering
- Safety Compliance/Engineering
- Risk Management
- Occupational Health/Medicine
- Management Techniques
- Other

Chapter Membership:

- New England
- Rocky Mountain
- Texas Hill Country
- Arizona
- N. California
- Pacific NW
- N Texas
- NY Capital Region
- Twin Cities
- Murray State
- Other _____