

# Conference Registration

## „European Mask and Lithography Conference EMLC 2008”

January 21 – January 24, 2008, Dresden, Germany

Please complete and return this form to:

VDE-Conference Services, Stresemannallee 15, 60596 Frankfurt/Main / Germany  
**Fax: +49-(0)69 96 31 52 13      vde-conferences@vde.com**

Mr     Ms

Title:..... Name:..... First Name:.....

Member-No.: ..... Society:.....

**Invoicing Address**

Company:..... Dept:.....

Street No.:.....

Country: ..... ZIP Code:..... City:.....

Phone:..... Fax:.....

e-mail:.....

Accompanying Person (Name, First Name).....

**Conference Fees** (include coffee-breaks, all lunches, dinners, VDE/SPIE volume, CD-ROM, reception)

**Registration before Dec.17<sup>th</sup> 2007**

**Registration after Dec 17<sup>th</sup>, 2007**

Non-Members	<input type="checkbox"/> EUR 680,00	<input type="checkbox"/> EUR 730,00
VDE,VDI,SEMI-Members*	<input type="checkbox"/> EUR 630,00	<input type="checkbox"/> EUR 680,00
Lecturer	<input type="checkbox"/> EUR 630,00	<input type="checkbox"/> EUR 680,00
Non-Member-Students*	<input type="checkbox"/> EUR 80,00	<input type="checkbox"/> EUR 100,00
Student Members*	<input type="checkbox"/> EUR 40,00	<input type="checkbox"/> EUR 60,00
Dinner events for accompanying persons	<input type="checkbox"/> EUR 150,00	<input type="checkbox"/> EUR 150,00

\*Copy of membership/student certification required

I would like to visit Qimonda on Thursday 24, 2008

**Date:** ..... **Signature:** .....

**Please supply full credit card information to avoid delay in registration**

Mastercard     American Express     Visa

Card No:

Security No:     (last 3 or 4 digits on rear side of Credit Card)

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

Holder's Name: .....

Date: ..... Holders Signature: .....