SMC 2011
STRATEGIC MATERIALS CONFERENCE

Material Innovation: Catalyst for Success

January 12–14, 2011 • The Ritz-Carlton • Half Moon Bay, CA

semi

CONFERENCE REGISTRATION FORM

Attendee Name _____

Title_____Company_____

Address_____

City/State/Zip/Country_____

Tel _____Fax _____Email _____

If you would like a confirmation sent to your assistant, please indicate email address here: _____

Spouse/Guest Name (if attending) _____

REGISTRATION FEE

Attendee Registration Fee* (check one)

- ☐ Member registration $1275/person
- ☐ Non-member registration $1650/person

Spouse/Guest Registration

- ☐ ISS Banquet Only (Tuesday, January 11; Conference NOT included).....$175/person
- ☐ SMC Spouse/Guest (includes SMC receptions; Conference NOT included).....$200/person
- ☐ ISS and SMC Spouse/Guest (includes ISS and SMC receptions; ISS Banquet;Conference NOT included).....$500/person

ISS/SMC PACKAGE PRICING (check one) Save up to $400!

- ☐ Member registration fee.....$2,870/person
- ☐ Non-member registration fee.....$3,900/person

* Hotel reservations are not included with the conference registration fee. To make hotel reservations, visit www.semi.org/smc to download a hotel reservation form or contact the Ritz-Carlton, Half Moon Bay at 1.650.712.7000 and mention the SEMI SMC conference.

CANCELLATION POLICY:
Cancellations received **on or before December 16, 2010** will be fully refunded. No refunds will be given after December 16, 2010. However, a substitute's name can be given with written notice from original attendee.

HOW TO REGISTER: (For multiple registrants, simply photocopy this form.)

By fax (credit card only):	Attn: SEMI customer service; Fax: 1.408.943.7060
By mail: (with check payment)	SEMI, Dept. 05607, San Francisco, California 94139
Online:	Visit www.semi.org/smc

Total amount $ _____ ☐ Check enclosed (Please make check payable to SEMI)

Mtg. Code: SMC 2011

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Charge to: ☐ American Express ☐ Diners Club ☐ MasterCard ☐ VISA

Card Number _____ Expiration Date _____

Print name (as it appears on card) _____

Statement billing address _____

Signature of cardholder _____

Attendee Name _____

REGISTRATION INFORMATION

- Level of Management or Supervisory Responsibilities (check one)
  - ❒ A01 Executive Mgmt (Chairman, President, CEO)
  - ❒ A02 Senior Management (Vice President, Director)
  - ❒ A03 Other Management
  - ❒ A04 Non-Management (Staff, Professional)

- Primary Job Function (check one)
  - ❒ B10 Corporate or General Mgmt
  - ❒ B16 Manufacturing / Operations Mgmt
  - ❒ B32 Manufacturing (Process, Equip, Design Eng.)
  - ❒ B23 Reliability / Quality Control / Testing
  - ❒ B11 Facilities
  - ❒ B24 Research and Development
  - ❒ B09 Environmental Health & Safety
  - ❒ B13 Government / Public Policy
  - ❒ B22 Purchasing & Procurement
    - ❒ B12 Financial / Analyst
    - ❒ B17 Marketing
    - ❒ B25 Sales
    - ❒ B27 Training / Education
  - ❒ B99 Other, please describe _____

- Main Product or Service your Company Manufactures or Provides at your Location (check one)
  - ❒ D000 Device Manufacturing
  - ❒ D020 Equipment Manufacturing
  - ❒ D030 Materials Manufacturing
  - ❒ D040 Sub-Systems or Components or Parts
  - ❒ D050 Factory Control / Facilities
  - ❒ D60 Software
  - ❒ D070 Manufacturing Services or Consulting
  - ❒ D080 Non-Manufacturing Services or Consulting
  - ❒ D090 Support Products
  - ❒ D100 Consumer of Electronics
  - ❒ D999 Other, please describe _____

- Email/Fax Permission

  I would like to receive information from SEMI regarding its products and/or services

  Via Fax ❒ Yes ❒ No Via Email ❒ Yes ❒ No

  I would like to receive information from other related organizations (i.e., exhibitors, industry associations, etc.)

  Via Fax ❒ Yes ❒ No Via Email ❒ Yes ❒ No