

## Personal Information

### Registration Type:

- IEEE Life Member
- IEEE Member
- IEEE Student Member
- IEEE IMS Member
- Student Non-Member
- Non-Member

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Country/Region: \_\_\_\_\_

City: \_\_\_\_\_

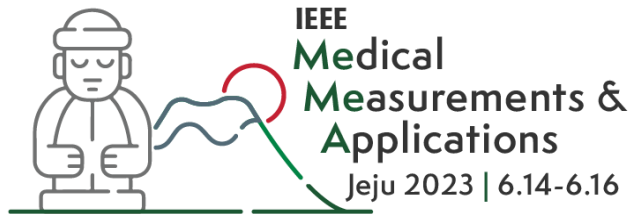
State: Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

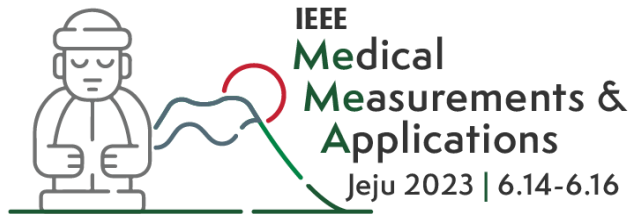
### Please tell us the region in which you are based:

- United States (Regions 1-6)
- Canada (Region 7)
- Europe, Middle East, Africa (Region 8)
- Latin America (Region 9)
- Asia and Pacific (Region 10)



## Registration Questions

- **Acceptance of IEEE policies is required to register for this event. By submitting your registration details, you acknowledge that: You have read and are in agreement with the [Event Terms and Conditions](#), [IEEE Code of Ethics](#), and [IEEE Privacy Policy](#).**
  - I agree to the terms and conditions
- **May we share your name, title, company and email address with our exhibitors and patrons?**
  - Yes
  - No
- **May we share your name, title, company and email address with other conference attendees?**
  - Yes
  - No
- **Is this your first-time attending a MeMeA Symposium?**
  - Yes
  - No
- **How did you hear about IEEE MeMeA 2023?**
  - Website
  - Colleague
  - Social Media
  - Previous Conference
  - Other: \_\_\_\_\_
- **What is your current affiliation?**
  - Academia
  - Industry
  - Government
  - Other: \_\_\_\_\_
- **Are you a currently enrolled university student?**
  - Yes – Undergraduate Student
  - Yes – Graduate Student
  - No



- **If you are a student, would you like to be considered for travel support?**

- Yes
- No

- **Do you identify as:**

- Male
- Female
- Prefer not to answer
- Prefer to self-describe: \_\_\_\_\_

- **Which of the following categories contains your age?**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

- **Do you have any dietary restrictions and/or allergies?**

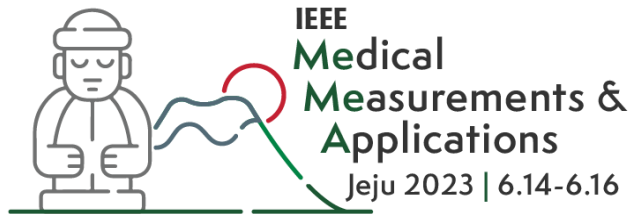
- None
- Vegetarian
- Vegan
- Pescatarian
- Gluten Free
- Kosher
- Halal
- Other: \_\_\_\_\_

- **Do you plan to attend the Tutorials?**

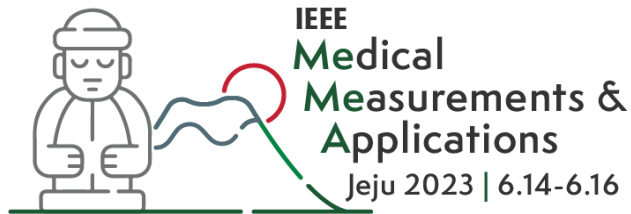
- Yes
- No

- **Do you plan to attend the Welcome Banquet?**

- Yes
- No



- **Do you plan to attend the Gala Dinner?**
  - Yes
  - No
- **If you have a disability and may require specific accommodations in order to fully participate, please check the box. You will be contacted by someone from our staff to discuss your specific needs.**
  - I have specific requirements to fully participate



## Author Registration Questions

- **Are you the author of an accepted paper?**
  - Yes
  - No
- Please enter your 10-digit EDAS paper ID for your 1<sup>st</sup> accepted submission  

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- Please enter your EDAS paper title for your 1<sup>st</sup> accepted submission  

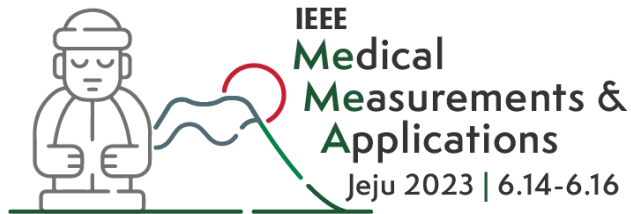
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- Please enter your 10-digit EDAS paper ID for your 2<sup>nd</sup> accepted submission  

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- Please enter your EDAS paper title for your 2<sup>nd</sup> accepted submission  

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- Please enter your 10-digit EDAS paper ID for your 3<sup>rd</sup> accepted submission  

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- Please enter your EDAS paper title for your 3<sup>rd</sup> accepted submission  

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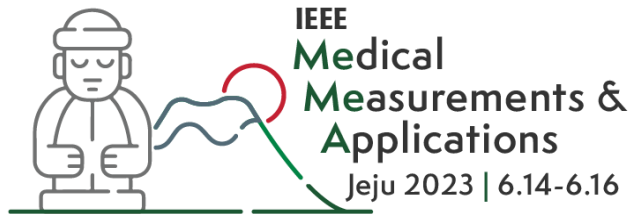


## Registration Items

<input type="checkbox"/> Non-Member Registration	\$775
<input type="checkbox"/> IEEE Student Registration	\$375
<input type="checkbox"/> IEEE Life Member Registration	\$375
<input type="checkbox"/> IEEE Member Registration	\$650
<input type="checkbox"/> IEEE IMS Member Registration	\$600

## Additional Items

<input type="checkbox"/> Additional Paper for Publication	\$100
<input type="checkbox"/> Accompanying Person Ticket	\$220
<input type="checkbox"/> Additional Lunch Ticket	\$30
<input type="checkbox"/> Additional Welcome Banquet Ticket	\$65
<input type="checkbox"/> Additional Gala Dinner Ticket	\$75
<input type="checkbox"/> Bank Transfer Fee	\$25



## Payment

### \*Payment Type

- Wire Transfer
- Credit Card

### Credit Card Type

- Visa
- Mastercard
- American Express

**Credit Card Number:**

**Expiration Date:**

**CVC:**

**Billing Address:**

**Address:**

**City:**

**State/Province:**

**Country/Region:**

**Zip/ Postal Code:**

**Signature:** \_\_\_\_\_

**Please email this form to Rachel Knight, MeMeA 2023 Conference Manager, at [rknight@conferencecatalysts.com](mailto:rknight@conferencecatalysts.com).**