



REGISTRATION FORM
Transducers 2025 CONFERENCE
29 June – 3 July 2025
Orlando, Florida, USA

Region: Americas Europe/Africa Asia/Oceania

Institution: Government Government Lab Industry Self-Employed University

First/Given Name: _____ Last/Family Name: _____

Preferred First Name on Name Tag: _____ Degree: _____

Position: _____

Organization: _____

Department: _____ Division: _____

Street: _____

City: _____ Zip/Postal Code: _____

State: _____ Country: _____

Phone No.: _____ Email: _____

Classification: Conference Presenter Participant Paper No. _____

Please note that at least one author must register for each paper in order to publish it in the conference proceedings and the final program. For this reason, please insert your paper number.

Include name and organization on Participant List for all attendees and commercial supporters/exhibitors? Yes No

Include email on Participant List for all attendees and commercial supporters/exhibitors so they may contact and send you material? Yes No

Include name and email on Mailing List for future Transducers Conferences and TRF sponsored meetings? Yes No

Privacy Notice

For full information about our data protection practices, please follow the link to our Privacy Policy. https://transducers2025.org/home/Transducers2025_PrivacyPolicy.pdf I consent
 I do not consent

I do not wish to receive future information regarding the Transducers Conference series. I would like for my personal information to be removed from the Transducers 2025 database at the conclusion of this conference.

If you require special arrangements, please indicate your request below:

Dietary: _____ Physical: _____

CONFERENCE FEE

	Early Bird On or Before 27 March 2025	Advanced 28 March to 20 May 2025	Standard 21 May to 19 June 2025	Onsite After 19 June 2025	
<input type="checkbox"/> Participant	\$950.00	\$990.00	\$1,030.00	\$1,075.00	\$ _____
<input type="checkbox"/> Student*	\$780.00	\$840.00	\$860.00	\$880.00	\$ _____

* Include Student Advisor's Name: _____

DAILY CONFERENCE FEE

	Registration Rate per Day	Number of Days	Which Days?	
<input type="checkbox"/> Participant	\$550.00	x _____	_____	\$ _____
<input type="checkbox"/> Student (with confirmation*)	\$450.00	x _____	_____	\$ _____

* Include Student Advisor's Name: _____

Pre-registration will close on 19 June 2025. After 19 June 2025, all prospective attendees will register on-site at the standard rate. Please bring this registration form with payment to on-site registration. Registration payment, in USD only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The registration fee includes (1) the Technical Digest, Sunday Welcome Reception, and a 20% non-refundable cancellation fee. All requests for refunds must be received in writing no later than 19 June 2025, and will be assessed a 20% cancellation fee. No refunds will be made after that date. A \$50.00 fee will be charged for all substitutions. **PLEASE NOTE:** The Wednesday Evening Conference Banquet **IS NOT** included in the price of a full registration.

TUESDAY LETI EVENT

Do you plan to attend Tuesday's Leti Event?

Yes No

SOCIAL EVENTS

Conference Banquet Ticket Only – Kennedy Space Center

The Conference Banquet Ticket is **NOT** included in the price of a full registration. The following information **MUST** be provided for each ticket purchased.)

First/Given Name: _____ Last/Family Name: _____

Date of Birth: _____ Country of Origin or Passport Issuing Country: _____

Adult Banquet Ticket \$185.00 each No. of tickets: _____ \$ _____

Child (Ages 7 – 12) Banquet Ticket \$150.00 each No. of tickets: _____ \$ _____

Child Ages 6 and under Banquet Ticket \$100.00 each No. of tickets: _____ \$ _____

Grand Total \$ _____

Guest Pass

Includes Sunday's Welcome Reception, and the Wednesday Evening Banquet at the Kennedy Space Center.

Adult Guest Meal Ticket \$400.00 No. of tickets: _____ \$ _____

Child (Ages 7 – 12) Guest Meal Ticket \$300.00 No. of tickets: _____ \$ _____

Child Ages 6 and under Guest Meal Ticket \$200.00 No. of tickets: _____ \$ _____

Grand Total \$ _____

THURSDAY TOUR

Thursday Facility Tour 16:00 – 19:00 \$40.00 No. of tickets: _____ \$ _____

Grand Total \$ _____

PAYMENT

Bank Wire Transfer (bank wire transfer information will be sent via email to you upon receipt of this form)

Check/Money Order – Make checks payable to: **Transducers 2025**

Credit Card Payment (circle one): VISA MasterCard American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (a 3 digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

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

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