



AMAPS X RESERVATION FORM

The Ridge Resort Conference Center, Lake Tahoe, NV
 June 9-12, 2009

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

Before May 29, 2009	After June 1, 2009
Full Registration - \$350.00	Full Registration - \$450.00
Student Registration - \$300.00	Student Registration - \$400.00

Quantity: _____ Amount: \$ _____ Total: \$ _____

Note: If paying for more than one person, please have all attendees fill out registration information above.

To guarantee your reservation, please print this form, complete all of the information above, enclose your payment and mail to the address listed at the bottom of this registration form. Only registrations paid in full will be guaranteed a seat. Seating is limited to 100 registrants, so please register early.

PLEASE MAKE CHECKS PAYABLE TO OPTICOMP CORP

Refund policy for pre-registration: There will be a \$75 service charge for processing refunds. A letter requesting the refund should state the pre-registrant's name, and to whom the refund should be made payable.

NO REFUNDS WILL BE ISSUED AFTER JUNE 02, 2009

Please mail your completed registration and payment to the following:

OptiComp Corp
 Attn: AMAPS Conference
 PO Box 10779
 Zephyr Cove, NV 89448
 P: 775-588-4176 F: 775-588-1348