



**IEEE International Conference on Flexible and  
Printable Sensors and Systems**

Hilton Deansgate, Manchester, UK | August 16-19, 2020

**REGISTRATION FORM**

*Full Conference Registration includes access to all virtual sessions and a digital copy of the Proceedings.*

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

Company/Affiliation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ Mailing State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Mailing Postal Code: \_\_\_\_\_

IEEE Member Number (If Applicable) : \_\_\_\_\_

**UPDATED PRIVACY POLICY & TERMS AND CONDITIONS**

Acceptance of IEEE policies are 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 ([Event Terms and Conditions](#))

I have read and agree with the Event Terms and Conditions  Yes No

Acceptance of IEEE policies are required to register for this event. By submitting your registration details, you acknowledge that you have read and are in agreement with the IEEE Privacy Policy ([Security and Privacy Policy](#))

I have read and agree with the IEEE Privacy Policy  Yes No

Would you like to be reviewer for FLEPS 2021?

Yes  No

Would you like to subscribe to emails about FLEPS?

Yes  No

Are you an author?  Yes  No Are you a Student?  Yes No  If so:  Graduate  Undergraduate

If you are an author, list your 4 digit Epapers paper number(s) and titles:

Paper Number(s):

Paper Title(s):

Items Purchased (Please Circle)	IEEE Member		Non-Member		IEEE Life Member & Student		QTY	Subtotal
	Advanced Through July 8th	Regular & On-site After July 8th	Advanced Through July 8th	Regular & On-site After July 8th	Advanced Through July 8th	Regular & On-site After July 8th		
Conference Registration	\$300	\$350	\$350	\$400	\$225	\$275		
Virtual Attendee (Non-Author)	<b>FREE</b>	\$50						
Total								

Would you like to be reviewer for FLEPS 2021??

Yes      No

Would you like to subscribe to emails about FLEPS?

Yes      No

Payment Type:      Visa                  Mastercard                  American Express                  Bank Transfer                  Check

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Verification Code: \_\_\_\_\_

Please return completed form to Taylor Lineberger at [tlineberger@conferencecatalysts.com](mailto:tlineberger@conferencecatalysts.com)

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