



Please fill in the registration form below, and email it to [info@isdh2025.org](mailto:info@isdh2025.org). Thank you!

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Street Address 1 \_\_\_\_\_  
Street Address 2 \_\_\_\_\_  
City or Town \_\_\_\_\_  
State \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

Will you be giving a presentation? Yes      No

Title of Presentation \_\_\_\_\_

Do you want to perform a demonstration? Yes      No

Describe the demonstration in detail in the body of the email that you attach this form to.

Do you intend on exhibiting holograms? Yes      No

There will be plenty of lights and lasers and walls and tables to go around. Describe any special installation requirements in the body of the email that you attach this form to.

Payment is due before the first day of the conference, \$750, [payable here](#). (Order of payment determines priority of choice in determining your presentation time slot.)

Thank you for your interest! We look forward to seeing you!