



December 5, 2003

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Florida Chapter Survey

Please take a few minutes to help establish *your* Florida local chapter.

TOPICS OF INTEREST

1. What areas of technology interest you OR are important to your business activities/career? *Check all that apply.*

<input type="checkbox"/> 3D Packaging	<input type="checkbox"/> Advanced Packaging	<input type="checkbox"/> Automotive
<input type="checkbox"/> Bluetooth	<input type="checkbox"/> Ceramic Technology	<input type="checkbox"/> Chip Scale
<input type="checkbox"/> Electronic Packaging	<input type="checkbox"/> Flip Chip Technology	<input type="checkbox"/> High Density
<input type="checkbox"/> Laminates	<input type="checkbox"/> Laser Trim	<input type="checkbox"/> Lead Free
<input type="checkbox"/> LTCC	<input type="checkbox"/> Materials	<input type="checkbox"/> MCM
<input type="checkbox"/> Optoelectronics	<input type="checkbox"/> Packaging Design	<input type="checkbox"/> Photonics
<input type="checkbox"/> Reliability	<input type="checkbox"/> RF/Wireless	<input type="checkbox"/> Sensors
<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Thermal Management	<input type="checkbox"/> MEMS
<input type="checkbox"/> Other		

If you checked other, please list topics:

2. Would you attend a local IMAPS meeting if it covered these topics?

- YES
- NO

3. Do you have a topic/paper that you would like to give at a local IMAPS meeting?

- YES
- NO

If yes, please tell us about it:

MEETINGS FORMAT

1. How many times per year would you likely attend a local IMAPS meeting?
Check one.

- Monthly
- Bi-Monthly
- Quarterly
- Twice a Year
- Once a Year
- Never

2. What day of the week best suits your schedule for attending a local IMAPS meeting?
Check up to two.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

3. What time of day best suits your schedule for attending a local IMAPS meeting?
Check one.

- Mornings
- Afternoon (Extended Lunch)
- Evening (Dinner Meeting)
- All Day

4. What types of meeting format interests you?
Check all that apply.

- Factory Tours
- Technical Presentations
- Vendor Displays
- Social Events
- Meetings including meal(s)
- Networking and/or Career Development

5. What meeting location would increase your ability to attend a local chapter meeting?
 Please rank each location from 1-5 (1 = will attend; 5 = won't attend).

	1	2	3	4	5
Central Florida					

(Orlando, Tampa, Daytona...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Florida (Miami, Ft. Lauderdale, Naples, Keys...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Suggested Meeting Location(s) or Comments:

6. Does your organization/company have adequate facilities to hold a meeting, and if so, is your company interested in pursuing a meeting held at your location?

- YES
- NO

LOCAL CHAPTER INVOLVEMENT

1. Would you be willing to participate in the steering committee activities of the local IMAPS chapter?

- YES
- NO

2. Are you an IMAPS Member?

- YES
- NO

DEMOGRAPHICS

1. What is your current primary job role for your company, organization or institution? Members wear more than one hat, choose the category which best describes what suits the largest percentage of your working time [Check only one category, please, as the most accurate description. If you know that your role within your organization is changing in the near future, please select only that new area.]

-- Please select one --

2. What is your primary educational background? [Check only one, please, as the most accurate description.]

-- Please select one --

3. How or at what general level do you contribute within your organization today please, as the most relevant description.]

-- Please select one --

4. What is the primary industry in which your division, subsidiary, or company sell the products which you are involved with? [Check only one, please, as the most relevant.]

-- Please select one --

5. What professional societies and organizations are you also a member of? [Check all that are relevant.]

<input type="checkbox"/> ACerS - American Ceramics Society	<input type="checkbox"/> ACS - American Chemical Society	<input type="checkbox"/> ASME International
<input type="checkbox"/> IEEE CPMT Society	<input type="checkbox"/> IEEE MTTTS Society	<input type="checkbox"/> IEEE Other Societies
<input type="checkbox"/> IPC - Association of Connecting Electronic Industries	<input type="checkbox"/> MRS - Materials Research Society	<input type="checkbox"/> OSA - Optical Society of America
<input type="checkbox"/> SAE - Society of Automotive Engineers	<input type="checkbox"/> SEMI - Semiconductor Equipment and Materials International	<input type="checkbox"/> SMTA - Surface Technology Association

ADDITIONAL COMMENTS

CONTACT INFORMATION

Name:

*required

Company Affiliation:

Address:

City:

*required

State:

Zip Code:

Telephone:

E-Mail:

*

Submit

Reset

Thank you for your time!

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