



## REGISTRATION FORM

**μFIP 2024 Conference**  
**21 – 24 June 2024**  
**Hong Kong**

Region: Americas ☐ Europe/Africa ☐ Asia/Oceania ☐

Institution: Government ☐ Government Lab ☐ Industry ☐ Self-Employed ☐ University ☐

First Time Attendee: Yes ☐ No ☐

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 ☐ Author ☐ Participant ☐ Paper No. \_\_\_\_\_

Please note that at least one author has to 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? Yes ☐ No ☐

Include name and email on Mailing List for future μFIP Conferences and CBMS sponsored meetings? Yes ☐ No ☐

### Privacy Notice

For full information about our data protection practices, please follow the link to our Privacy Policy.

[https://www.microfip.org/home/MicroFIP\\_PrivacyPolicy.pdf](https://www.microfip.org/home/MicroFIP_PrivacyPolicy.pdf)

I consent ☐

I do not consent ☐

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

Dietary: \_\_\_\_\_ Physical: \_\_\_\_\_

By checking the box below, you acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By attending μFIP 2024 Conference, you voluntarily assume all risks related to exposure to COVID-19 and agree not to hold μFIP 2024 Conference, or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers liable for any illness or injury. You agree that if you are sick or have recently been exposed to someone who is sick, you will not attend. You agree to the possibility of being tested while at the Conference and having your temperature taken before entering the venue. You also agree to wearing a mask and social distancing, if needed, while on property of the Beckman Center of the National Academies of Sciences and Engineering, while attending any and all μFIP 2024 Conference events.

I acknowledge ☐

### CONFERENCE FEE

	Advanced On or Before 9 May	Standard After 9 May	
<input type="checkbox"/> Participant	\$750	\$800	\$ _____
<input type="checkbox"/> Student* (with Advisor's Name*)	\$400	\$450	\$ _____

**DAILY CONFERENCE FEE** (Does not include Thursday Evening Banquet)

	Registration Rate per Day	Number of Days	Which Days?	
<input type="checkbox"/> Participant/Student	\$250	x _____	_____	\$ _____

Pre-registration will close on 11 June 2024. After 11 June 2024, 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 **US Dollars (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 program material, (1) digital conference proceedings, student reception, banquet, refreshment/coffee breaks, and a 20% non-refundable cancellation fee. A \$50 fee will be charged for all substitutions. All requests for refunds must be received in writing no later than 11 June 2024. No refunds will be made after this date. **PLEASE NOTE:** The Conference Banquet IS NOT included in the price of a daily registration.

☐ **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: **Chemical and Biological Microsystems Society**

☐ **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: \_\_\_\_\_

If you prefer to pay by check or money order, please complete and submit this form, with your check or money order payable to:

MicroFIP 2024 Conference  
c/o CBMS  
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USA

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