REGISTRATION FORM

Diagnostics for Global Health 2023 Virtual Workshop 1 – 2 August 2023

Institution:	Industry	Academia	Research/Lal	→ □	Government			
First/Given Name:				Last/Family Name:				
Preferred First N	ame on Name Tag	:	De	Degree:				
Position:								
Organization:								
Department:			Div	rision:				
Street:								
City:			Zip/	Postal Code: _				
State:		Country:						
Phone No.:			Em	nail:				
Classification:	Conference Prese	enter ☐ Partio	cipant 🗌	Paper N	0			
	least one author musert your paper numbe	st register for each paper in r.	order to publish it i				or this	
Include name an	d organization on F	Participant List for all atte	endees and comn	nercial support	ers/exhibitors?	Yes 🗌 No 🔲		
Include email on Participant List for all attendees and commercial supporters/exhibitors so they may contact and send you material?								
Include name and email on Mailing List for future CBMS Conferences? Yes No [Yes 🗌 No 🗌		
Privacy Notice For full information about our data protection practices, please follow the link to our Privacy Policy. https://www.globalhealthworkshop.org/home/GlobalHealth_PrivacyPolicy.pdf I do not consent □								
☐ I do not wish to receive future information regarding the CBMS Conference series. I would like for my personal information to be removed from the Global Health 2023 database at the conclusion of this workshop.								
VIRTUAL WO	RKSHOP FEE							
		On or I						
De	uti a ima mat	28 July		_ _				
Ра	rticipant	\$5	00	\$				
Registration will close on 28 July 2023. Registration payment, in U.S. Dollars 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) Book of Abstracts and a 20% non-refundable cancellation fee. All requests for refunds must be received in writing no later than 25 July 2023. No refunds will be made after this date.								
☐ I acknowledg and may not be written authority	recorded, photog	presented at the Glob raphed, quoted, disse	al Health 2023 W minated or trans	orkshop is the mitted by sun	e intellectual pi nmary in any fo	roperty of the pro orm without expr	esenter ess	

PAYMENT

Credit Card Payment (circle one):	VISA	MasterCard	American Express			
Card No.:						
	Verification Code (a 3 digit number on the signature line of your card):					
Name of cardholder:						
Cardholder signature:						
Billing address:						
City:						
State:						
Country:		<u> </u>				

Chemical and Biological Microsystems Society
c/o PMMI
Phone: +1-619-232-9499
307 Laurel Street
Fax: +1-619-232-0799
San Diego, CA 92101-1630
Email: info@globalhealthworkshop.org

USA

If you cannot pay by credit card, please email registration@globalhealthworkshop.org and we will assist you with an alternate payment method.