



REGISTRATION FORM

Acoustofluidics 2022 Conference
19 – 21 October 2022
Glasgow, Scotland, UK

Region: Americas Europe/Africa Asia/Oceania

Institution: Government Government Lab Industry Self-Employed University

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 Participant Paper No. _____

Please note that at least one author must 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 so they may contact and send you material? Yes No

Include name and email on Mailing List for future Acoustofluidics 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. I consent
https://www.acoustofluidics.net/home/Acoustofluidics2022_PrivacyPolicy.pdf I do not consent

COVID-19

By checking the box below, you are acknowledging that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By attending Acoustofluidics 2022, you voluntarily assume all risks related to exposure to COVID-19 and agree not to hold Acoustofluidics 2022, 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 having your temperature taken before entering the venue. You also agree to the possibility of wearing a mask and social distancing, if needed, while on property of the Mazumdar-Shaw Advanced Research Centre, while attending any and all Acoustofluidics 2022 Conference events. I agree

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

Dietary: _____ Physical: _____

CONFERENCE FEES

	Advanced On or Before 15 September	Standard After 15 September	TOTAL
In-Person Participation Registration Fees			
<input type="checkbox"/> Participant	\$350	\$500	\$ _____
<input type="checkbox"/> Student ¹	\$250	\$300	\$ _____
Remote Participation Registration Fees			
<input type="checkbox"/> Participant	\$150	\$200	\$ _____

¹With Advisor's Name

DAILY CONFERENCE FEES FOR IN-PERSON (ONLY)

	Registration Rate per Day	Number of Days	Which Day(s)?	
<input type="checkbox"/> Participant	\$250	x _____	_____	\$ _____
<input type="checkbox"/> Student	\$175	x _____	_____	\$ _____

To ensure that all participants receive their credentials and conference materials prior to the start of the conference, the ability to change from remote to in-person will end on 3 October 2022. Remote registrations received after 20 October will need to submit payment by credit card only and will be subject to delay in access to conference material. Registration payment, in U.S. Dollars (\$), is due upon submission of registration. The registration fee includes an electronic copy of conference proceedings and hybrid conference sessions. All requests for refunds must be received in writing no later than 14 October 2022 and will be assessed a 20% cancellation fee. No refunds will be made after that date. A \$50.00 fee will be charged for all substitutions.

I acknowledge that all material presented at the Acoustofluidics 2022 Conference is the intellectual property of the presenter and may not be recorded, photographed, quoted, disseminated or transmitted by summary in any form without express written authority of the author.

BANQUET TICKET

Additional Wednesday Evening Banquet (ticket is included in the conference fee, unless a **Daily Registrant**)

Cost per ticket: \$ 60 No. of tickets: _____ Total \$ _____

Name of Guest (if applicable) _____

PAYMENT

Bank Wire Transfer (bank wire transfer information will be sent via email to you upon receipt of this form)

Credit Card Payment (circle one): VISA MasterCard

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/PostalCode: _____ Country: _____

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