



REGISTRATION FORM
MicroTAS 2024 CONFERENCE
13 – 17 October 2024
Montréal, QC, CANADA

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 MicroTAS 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://microtas2024.org/home/MicroTAS2024_PrivacyPolicy.pdf I consent
 I do not consent

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

Dietary: _____ Physical: _____

CONFERENCE FEE

	Early Bird On or Before 31 July 2024	Advanced 1 August to 5 September 2024	Standard 6 September to 4 October 2024	Onsite After 4 October 2024	
<input type="checkbox"/> Participant	\$950	\$1,090	\$1,190	\$1,290	\$ _____
<input type="checkbox"/> Industry Participant	\$1,090	\$1,240	\$1,360	\$1,480	\$ _____
<input type="checkbox"/> Student*	\$690	\$750	\$830	\$900	\$ _____

* Include Student Advisor's Name: _____

DAILY CONFERENCE FEE

	Registration Rate per Day	Number of Days	Which Days?	
<input type="checkbox"/> Participant	\$675	x _____	_____	\$ _____
<input type="checkbox"/> Industry Participant	\$775	x _____	_____	\$ _____
<input type="checkbox"/> Student (with confirmation*)	\$450	x _____	_____	\$ _____

* Include Student Advisor's Name: _____

Registration payment, in **US Dollar (USD)**, is due upon submission of registration. The registration fee includes welcome reception, lunch Monday, Tuesday and Wednesday, breaks, and a 20% non-refundable cancellation fee. All requests for refunds must be received in writing no later than 6 October and will be assessed a 20% cancellation fee. No refunds will be made after that date. A \$50.00 (+ VAT) fee will be charged for all substitutions. **PLEASE NOTE:** The Wednesday Evening Conference Banquet IS NOT included in the price of a full registration.

