

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

Region:	Americas L	Europe/Africa 📙	Asia/C	ceania 🔲		
Institution:	Government	Government Lab	Industry	Self-Employed ☐	University	
First/Given Name	e:		Last/Family Na	Last/Family Name:		
Preferred First N	ame on Name Tag:		Degree:			
Position:						
Organization:						
Department:			Division:			
Street:						
				e:		
State:			Country:			
Classification:	Conference Presenter	☐ Participant [Pape	r No.		
	at least one author must s reason, please insert y	t register for each paper in our paper number.	order to publish it in	the conference proceedi	ngs and the final	
Include name an	d organization on Partici	pant List for all attendees	and commercial supp	oorters/exhibitors? Yes	□ No □	
Include email on contact and send		tendees and commercial s	supporters/exhibitors	so they may Yes	s □ No □	
Include name an	d email on Mailing List fo	or future MicroTAS Confer	ences and CBMS spo	onsored meetings? Yes	; □ No □	
		tion practices, please follo 2024 PrivacyPolicy.pdf	w the link to our Priva		nsent not consent	
If you require spe	ecial arrangements, plea	se indicate your request b	elow:			
	-					
CONFERENCE	FEE					
	Early Bird On or Before 31 July 2024	Advanced 1 August to 5 September 2024	Standard 6 September t 4 October 202		ir	
☐ Participant	\$950	\$1,090	\$1,190	\$1,290	\$	
☐ Industry Participant	\$1,090	\$1,240	\$1,360	\$1,480	\$	
Student*	\$690	\$750	\$830	\$900	\$	
* Incl	lude Student Advisor's N	lame:				
Dawy Covers						
DAILY CONFER						
	Regi		Number of Days	Which Days?		
☐ Participant			x		\$	
☐ Industry Participant			x		\$	
☐ Student (with confirmation*)			x		\$	
* Incl	lude Student Advisor's N	lame:				

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.

SUNDAY WORKSHOP & SHORT COURSES

A variety of 3-hour workshops will be offered on Sunday, 13 October 2024. Morning sessions begin at 09:00 and the afternoon sessions begin at 14:00. Fee includes entrance to one short course and attendees must choose which prior to arrival to the MicroTAS 2024 Conference.

	On or Before 6 September 2024	After 6 September 2024	
☐ Workshop 1 (Morning): 3D Printing for Microfluid	lics \$80	\$100	\$
☐ Workshop 2 (Morning): Frugal Diagnostics: Scie Equity for Global Health	nce \$80	\$100	\$
☐ Workshop 3 (Morning): Advancing Microelectror Future Biosensor Fabrication Technologies	nics and \$80	\$100	\$
☐ Workshop 4 (Morning): Microfabrication-AssistedAdvancements in Neuroscience	фоО	\$100	\$
Workshop 5 (Morning): Standardized Approache Facilitate the Development and Production of Microfluidic Products	\$80	\$100	\$
☐ Workshop 6 (Morning): On Chip Sensing and Flue Integration for Organ-on-Chip Systems	uidic \$80	\$100	\$
☐ Workshop 7 (Afternoon): Global Health Diagnos An End Users Perspective	tics – \$80	\$100	\$
☐ Workshop 8 (Afternoon): Tumor Microenvironme Chips: From In Vitro 3D Cultures to Ex Vivo Pati Explants	ents On ent \$80	\$100	\$
☐ Workshop 9 (Afternoon): Al-Enhanced Single-Control Analytics for Label-Free Cytometry	ell Data \$80	\$100	\$
☐ Workshop 10 (Afternoon): Revolutionizing Micro The Power of Smart Materials & Adaptive Surface		\$100	\$
Workshop 11 (Afternoon): Hands-On 3D Printing Microfluidics	g for \$80	\$100	\$
☐ Workshop 12 (Afternoon): Exosome Diagnostics Therapeutics	s and \$80	\$100	\$
☐ Workshop 13 (Afternoon): Evaluation of Food Sand Quality Using Microfluidic Lab-on-a-Chip	afety \$80	\$100	\$
		TOTAL	\$
BANQUET TICKET			
Wednesday Evening Banquet (Ticket NOT included	d in the conference fee)		
Cost per ticket: \$110	No. of tickets: Total \$		
Name of Guest (if applicable)			
PAYMENT			
☐ Bank Wire Transfer (bank wire transfer informati	on will be sent via email to you	upon receipt of this form)	
☐ Credit Card Payment (circle one):	VISA Ma	sterCard	
Card No.:			
Exp. Date (MM/YY):Verifica	tion Code (a 3-digit number on	the signature line of your o	ard):
Name of cardholder:			
Cardholder signature:			
Billing address:			

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