



REGISTRATION FORM
μFIP 2025 Conference
15 – 18 June 2025
Santa Barbara, California, USA

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

I consent

I do not consent

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

Dietary: _____ Physical: _____

CONFERENCE FEE

	Advanced On or Before 14 May	Standard After 14 May	
<input type="checkbox"/> Participant	\$650	\$750	\$ _____
<input type="checkbox"/> Student* (with Advisor's Name*)	\$400	\$550	\$ _____

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 _____	_____	\$ _____

BANQUET TICKET (For guests and Daily Conference Attendees)

	Banquet Ticket	Number of Tickets	
<input type="checkbox"/> Participant/Student	\$90	x _____	\$ _____

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 6 June 2025. 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): _____

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

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