

Register form

**Personal Information**

Please enter your personal information below as it would appear on conference material

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | □ **Ms** | □ **Mr** | □ **Dr** | □ **Other (specify)** | |
| **First name** |  | | | **Surname** |  |
| **Country** |  | | | **Sex** | □ Female □ Male |
| **Institution** |  | | | | |
| **Telephone** |  | | | **Fax** |  |
| **E-mail 1** |  | | | | |
| **E-mail 2** |  | | | | |
| **Address** |  | | | | |

|  |  |  |
| --- | --- | --- |
| PLEASE TICK ONE CATEGORY | | |
| **Are you a student?** | □ Yes | □ No |
| **Are you a new research?**  **(defined as having less than 5 years of experience since you earned your terminal degree)** | □ Yes | □ No |
| **□ Other (Specify)** | | |

**I would like to join…**

□ All activities (BiCCA Workshop, Trainee Forum, and Field Trip)

□ BiCCA Workshop and Trainee Forum

□ BiCCA Workshop

**Dietary Preference**

Please indicate any special dietary requests or restrictions.

□ No restrictions □ Vegetarian □ Other (Specify)

**Special Assistance**

Please indicate if you need any form of assistance or accommodation with conference workshop facilities or services.

**Cancellation Policy**

Cancellations for the workshop must be submitted to the registration office by email to: [rhlab.ntu@gmail.com](mailto:rhlab.ntu@gmail.com) before October 31.

Substitutions may be made at any time by notifying the registration office by email.