**BECoME-2022 Conference**

**Registration Form (Special Rates for NGOs, Charities & Government Officials)**

Deadline for Registration: **22 November 2021**

Deadline for Abstract Submission: **3 November 2021**

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| Title: | | Mr / Ms / Miss / Mrs / Other: (please delete as appropriate) | | | | | | | | | | |
| Name: | |  | | | | | |  | | | | |
|  | | (First name) | | | | | | (Surname) | | | | |
| Company/Organisation: | | | |  | | | | | | | | |
| Role/Position: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Email Address: | |  | | | | | | Tel: | |  | | |
| Special Dietary Requirements (if any): | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| *Please check box as appropriate.* | | | | | | | | | | | | |
| I will attend the Conference but will not submit an abstract for presentation. | | | | | | | | | | | | |
| I will attend the Conference and will submit an abstract on the following topic: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| for  regular presentation | | | | | | short presentation (5 mins) | | | | | | |
|  | | | | | | | | | | | | |
| **Payment** | | | | | | | | | | | | |
| Registration Fee:  (Special Rates) | | | In-person: USD$161 / HKD$1,250 | | | | | | | | | |
| Online: USD$81 / HKD$625 | | | | | | | | | |
|  | | | | | | | | | |
| I authorise City University of Hong Kong to charge the amount stated below from: | | | | | | | | | | | | |
|  | | | Visa Card | | | Master Card | | | | | | |
| Credit Card Number: | | |  | | | | | | | | | |
| Name of Cardholder: | | |  | | | | | | | | | |
| Expiry Date (mm/yyyy): | | |  | | | | | | | | | |
| Transaction Amount: | | | USD$ | | | HKD$ | | | | | | |
| The last 3-digit number on the signature panel at the back of your credit card: | | | | | | | | | | | |  |
| Signature of Cardholder: | | |  | | | | | | | | | |
| *Note: Personal cheques will not be accepted.* | | | | | | | | | | | | |
| For payment made by credit card, this form must be signed and returned to the Conference Secretariat by post to State Key Laboratory in Marine Pollution, City University of Hong Kong, 83 Tat Chee Avenue, Kowloon, Hong Kong or by email at [sklmpbecome2022@cityu.edu.hk](mailto:sklmpbecome2022@cityu.edu.hk). | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **This section is to be completed by the Supervisor/relevant personnel from the applicant’s organisation.** | | | | | | | | | | | | |
| I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a staff employed under our company/organisation. | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | |
| Email: |  | | | | | | | Phone No.: | | |  | |
| Address: |  | | | | | | | | | | | |
|  | | | | | | |  | |  | | | |
| Signature of Supervisor / relevant personnel | | | | | | |  | | Date | | | |