**BECoME-2022 Conference**

**Application Form (For Fully-funded Research Students)**

Deadline for Registration: **22 November 2021**

Deadline for Abstract Submission: **20 October 2021**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | | Mr / Ms / Miss / Mrs / Other: (please delete as appropriate) | | | | | | | |
| Name: | |  | | | |  | | | |
|  | | (First name) | | | | (Surname) | | | |
| Nationality: | |  | | | | | | | |
| Affiliation: | |  | | | | | | | |
| Title of Degree Being Taken: | | |  | | | | | | |
| Year of Study: | | |  | | | | | | |
| Address: | |  | | | | | | | |
|  | |  | | | | | | | |
| Email Address: | |  | | | | Tel: | |  | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| *Please check box as appropriate.* | | | | | | | | | |
| I will attend the Online 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) | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Please attach your CV and proof of identity (i.e. passport / ID cards / citizenship documents) when you submit this form.  *The completed 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 of the student applicant.** | | | | | | | | | |
| I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a full-time student in my institution. | | | | | | | | | |
| Name: |  | | | | | | | | |
| Email: |  | | | | | Phone No.: | | |  |
| Address: |  | | | | | | | | |
|  | | | | |  | |  | | |
| Signature of Supervisor | | | | |  | | Date | | |