



REGISTRATION FORM

Acoustofluidics 2024 Conference

14 – 16 August 2024
Uppsala, SWEDEN

Region: Americas Europe/Africa Asia/Oceania

Institution: Government Government Lab Industry Self-Employed University

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 Participant Paper No. _____

Please note that at least one author must 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 so they may contact and send you material? Yes No

Include name and email on Mailing List for future Acoustofluidics Conferences? Yes No

PRIVACY NOTICE

For full information about our data protection practices, please follow the link to our Privacy Policy. I consent
https://www.acoustofluidics.net/home/Acoustofluidics_PrivacyPolicy.pdf I do not consent

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

Dietary: _____ Physical: _____

CONFERENCE FEES	Advanced On or Before 24 May 2024	Standard 25 May to 6 August 2024	Onsite After 6 August 2024	TOTAL
In-Person Participation Registration Fees				
<input type="checkbox"/> Participant	\$500	\$650	\$750	\$ _____
<input type="checkbox"/> Student ¹	\$300	\$450	\$550	\$ _____
Remote Participation Registration²				
<input type="checkbox"/> Participant	\$200	\$200	\$200	\$ _____

¹With Advisor's Name; ²Available for Non-Presenters Only

DAILY CONFERENCE FEES FOR IN-PERSON (ONLY)

	Registration Rate per Day	Number of Days	Which Day(s)?	
<input type="checkbox"/> Participant	\$350	x _____	_____	\$ _____
<input type="checkbox"/> Student	\$250	x _____	_____	\$ _____

Registration payment, in **US Dollar (USD)**, is due upon submission of registration. The registration fee includes welcome reception, lunch Monday, Tuesday and Wednesday, breaks, conference banquet and a 20% non-refundable cancellation fee. All requests for refunds must be received in writing no later than 6 August 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 Thursday Evening Conference Banquet IS NOT included in the price of a daily registration.

I acknowledge that all material presented at the Acoustofluidics 2024 Conference is the intellectual property of the presenter and may not be recorded, photographed, quoted, disseminated, or transmitted by summary in any form without express written authority of the author.

BANQUET TICKET

Additional Thursday Evening Banquet (ticket is included in the conference fee, unless a **Daily Registrant**)

Cost per ticket: \$ 125 No. of tickets: _____ Total \$ _____

Name of Guest (if applicable) _____

PAYMENT

Bank Wire Transfer (bank wire transfer information will be sent via email to you upon receipt of this form)

Credit Card Payment (circle one): VISA MasterCard

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (a 3-digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

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