**24th CBS Annual Conference Registration Form**

|  |  |
| --- | --- |
| **I- General Information’s** | **Reserved to the Organizing Secretariat** |
| First Name: |  |
| Last Name : |  |
| Gender : *(Double click on the check box and select checked followed by OK)*     [ ]  Female [ ]  Male |  |
| Date and place of Birth :  |  |
| Title (Prof. Dr. Mr. Ms. Mrs): *(Double click on the check box and select checked followed by OK)*      [ ]  Prof. [ ]  Dr. [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| Position: |  |
| Address: |  |
| Organization / Affiliation : |  |
| Country : |  |
| Phone : |  |
| Email : |  |
| Are you a CBS - Member? *(Double click on the check box and select checked followed by OK)*     [ ]  Yes [ ]  No |  |
| If Yes, year of adhesion |  |

 (Go to the next page)

|  |  |
| --- | --- |
| **II- Registration fees payment** |  |
| 1. By Transfer via Mobile Money - to **FADIMATOU (Tel Account +237 674 156 430)**
 |
| Name of Participant (sender):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **CAMEROONIAN** *(Double click on the check box and select checked followed by OK)*[ ]  Students [ ]  CBS Member (Non-student) [ ]  Non-Member **INTERNATIONAL** [ ]  Students [ ]  Full Participants (LMIC\*): [ ]  Others: **\*INSTITUTIONS / FONDATIONS / COMPANIES**  [ ]  01 Delegate [ ]  05 Delegates: [ ]  10 Delegates |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° of receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *\*Add additional pages for the details names of delegates (if more than one)* |
| 1. By a deposit of cheque payable to ***COMITE CAMEROUNAIS DE BIOSCIENCES***
 |
| Name of Participant (sender): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CAMEROONIAN** *(Double click on the check box and select checked followed by OK)*[ ]  Students [ ]  CBS Member (Non-student) [ ]  Non-Member **INTERNATIONAL** [ ]  Students [ ]  Full Participants (LMIC\*): [ ]  Others: **\*INSTITUTIONS / FONDATIONS / COMPANIES**  [ ]  01 Delegate [ ]  05 Delegates: [ ]  10 Delegates |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° of receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *\*Add additional pages for the details names of delegates (if more than one)* |
| 1. By a deposit of cash into the CBS bank entitle ***COMITE CAMEROUNAIS DE BIOSCIENCES***
 |
| Name of Participant (sender): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CAMEROONIAN** *(Double click on the check box and select checked followed by OK)*[ ]  Students [ ]  CBS Member (Non-student) [ ]  Non-Member **INTERNATIONAL** [ ]  Students [ ]  Full Participants (LMIC\*): [ ]  Others: **\*INSTITUTIONS / FONDATIONS / COMPANIES**  [ ]  01 Delegate [ ]  05 Delegates: [ ]  10 Delegates |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° of receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *\*Add additional pages for the details names of delegates (if more than one)* |

***NB: Send Registration Form (General Information’s and Registration fees payment) at*** ***camerounbiosciences@gmail.com*** ***and*** ***cbs2017@gmail.com***