**24th CBS Annual Conference Registration Form**

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| **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)

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| **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***](mailto:camerounbiosciences@gmail.com) ***and*** [***cbs2017@gmail.com***](mailto:cbs2017@gmail.com)