

## Hilton Head 2022 Workshop REGISTRATION FORM

Institution: Government  Government/Lab  Industry  Self-Employed  University

Gender: Female  Male  Genderqueer/Non-Binary  I Prefer Not to Disclose

First Time Attendee: Yes  No

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.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

Classification: Conference Presenter  Participant  Paper No. \_\_\_\_\_

Please note that at least one author has to 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? Yes  No

Include name and email on Mailing List for future Hilton Head Workshops and TRF sponsored meetings? Yes  No

**Privacy Notice**

For full information about our data protection practices, please follow the link to our Privacy Policy. [https://www.hh2024.org/home/HiltonHead2024\\_PrivacyPolicy.pdf](https://www.hh2024.org/home/HiltonHead2024_PrivacyPolicy.pdf) I consent   
I do not consent

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

Dietary: \_\_\_\_\_ Physical: \_\_\_\_\_

**REGISTRATION FEES**

**FULL CONFERENCE FEES**

	Early Bird On or Before 28 March 2024	Advanced 29 March to 2 May 2024	Standard After 2 May 2024	
<input type="checkbox"/> Participant	\$975	\$1075	\$1175	\$ _____
<input type="checkbox"/> Commercial Representative <sup>1</sup>	\$2500	\$2500	\$3500	\$ _____
<input type="checkbox"/> Complimentary with Code: _____				\$ <u>0.00</u>

**DAILY REGISTRATION FEE**

<input type="checkbox"/> Participant	\$350	\$ _____
<input type="checkbox"/> Commercial Representative	\$3500	\$ _____

<sup>1</sup>Marketing and Sales Representatives from companies not commercially supporting the Hilton Head 2024 Workshop equal to an exhibitor or sponsorship support level.

Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The Registration Fee includes program material, (1) Electronic Proceedings, welcome reception, continental breakfasts, refreshment breaks, luncheons, banquet and a 20% non-refundable cancellation fee. All requests for cancellations are to be made in writing and are subject to a 20% cancellation fee. No refunds will be processed for cancellations made after 24 May 2024.

## SUNDAY SHORT COURSE

A short course will be offered on Sunday, 2 June 2024, discussing examples of emerging miniaturized technologies to support human health and well-being.

- MEMS Know How**  
Time: 10:00 – 15:00 with break for lunch  
Cost for Workshop: \$100 \$ \_\_\_\_\_
- Small-scale Robots: From One to a Swarm**  
Time: 10:00 – 15:00 with break for lunch  
Cost for Workshop: \$100 \$ \_\_\_\_\_

## GUEST MEAL TICKETS (Valid for all breakfasts, lunches and social functions)

	<u>Discounted</u> <u>Before 2 May 2024</u>	<u>Onsite</u> <u>After 2 May 2024</u>		
<input type="checkbox"/> Adult Guest Meal Ticket	\$325/each	\$350/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child (Ages 7 – 12) Guest Meal Ticket	\$125/each	\$150/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child Ages 6 and under Guest Meal Ticket	FREE	FREE	No. of tickets: _____	\$ _____

Name of Guest(s) \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_

**ATTENDEE REGISTRATION PAYMENT**

**Check/Money Order**

**Credit Card Payment** (circle one):                      VISA                                      MasterCard                                      American Express

Card No.: \_\_\_\_\_

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

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**GUEST MEAL TICKET PAYMENT**

If you do not need to use a second form of payment, please disregard

**Check/Money Order**

**Credit Card Payment** (circle one):                      VISA                                      MasterCard                                      American Express

Card No.: \_\_\_\_\_

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

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

If you prefer to pay by check or money order, complete and mail this form with your check or money order payable to:

**Hilton Head 2024 Workshop**

c/o PMMI  
307 Laurel Street  
San Diego CA 92101-1630  
USA

Phone: 1-619-232-9499

Fax: 1-619-232-0799

Email: info@hh2024.org