



Cambridge Healthtech Institute

Registration Form Instructions

(Please see Sponsor/Exhibitor Registration Form on the following 2 pages)

If you have NOT already registered your personnel on your exhibit contract, please fill out the exhibitor registration form below for each person in need of a badge for the meeting.

As an Exhibitor you are entitled to

- ❖ 1 complimentary full conference pass
- ❖ 1 complimentary “exhibit hall only” pass

Full conference registration includes:

- ❖ Session access
- ❖ Online access to conference proceedings
- ❖ A free subscription to newsletter
- ❖ Access to exhibit and poster area

Any additional badges may be purchased at a discounted rate. See registration form below for discounted pricing and deadlines.

For Sponsors, please reference your contract for the number of complimentary registration badges included with your sponsorship.

BIODEFENSE World Summit
Hyatt Regency Bethesda ~ Bethesda, MD
June 22-26, 2015

Page 1 of 2

Sponsor/Exhibit Registration Form – Deadline: Monday, June 1st, 2015

Sponsor/Exhibitors please use this form to register participants. Please photocopy as needed.

Exhibitors receive 1 Full Conference registration and 1 Booth Only Personnel (per booth). Sponsors refer to your Sponsor Agreement.

FULL CONFERENCE REGISTRATION INCLUDES:

Session access · Website link on conference proceedings delivered electronically · A free subscription to newsletter · Access to exhibits and poster area

Exhibitor/Sponsor Company Name: _____ **Booth Number:** _____

Registration Type: New Update Substituting for _____

BOOTH PERSONNEL:

- Complimentary Registration – Booth Only
- \$250 Additional Registration – Booth Only Personnel

POSTER (Deadline: May 15th, 2015)
 You will receive a submission link via email.
 (Contact: jring@healthtech.com)

FULL CONFERENCE REGISTRATION:

- Complimentary Full Conference Registration (*excludes access to short courses*)
- \$ 1104 BEST Value –Premium Package (*Includes access to all conferences Monday-Friday, excludes access to short courses*)
- \$ 892 Standard Package (*Includes access to 2 conferences, excludes access to short courses*)
- \$ 679 Basic Package (*Includes access to 1 conference, excludes access to short courses*)

REQUIRED Please select the conference(s) you plan to attend:

** If you selected...*

Premium Package-choose 1 from each column (I +II+ III)

Standard Package- choose 1 from 2 columns (I + II, or II + III)

Basic Package- choose 1 from 1 column (I, II, or III)

<p style="text-align: center;">I: Monday-Tuesday (am) June 22-23</p> <p><input type="checkbox"/> BIODEFENSE WORLD SUMMIT: Biodetection Technologies: Pathogen & Biothreat Detection</p> <p><input type="checkbox"/> Co-Located Events: Rapid Detection for Food Safety</p>	<p style="text-align: center;">II: Tuesday (pm)- Wednesday June 23-24</p> <p><input type="checkbox"/> BIODEFENSE WORLD SUMMIT: Biodetection Technologies: Point-of-Care for Biodefense</p> <p><input type="checkbox"/> Co-Located Events: Next Generation Drones</p>	<p style="text-align: center;">June 25-26</p> <p><input type="checkbox"/> BIODEFENSE WORLD SUMMIT: Biosurveillance Integration</p> <p><input type="checkbox"/> Co-Located Events: Sample Prep Technologies</p>
<p style="text-align: center;">III: Thursday-Friday (am)</p>		

Workshop PRICING:

- \$ 299 One Workshop
- \$ 399 Two Workshops
- \$ 499 Three Workshops

***REQUIRED Please select the Workshop(s) you are most likely to attend:**

Tuesday, June 23rd, 2015 (5:45-8:45pm, Dinner Workshop):

- Rapid Sample Preparation for Pathogen Detection

Thursday, June 25th, 2015 (5:30-8:30pm, Dinner Workshop):

- How to Launch a Laboratory Test: Everything You Wanted to Know But Were Afraid to Ask



BPM1540

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Delegate Information:

Mr. Ms. Mrs. Dr. Prof.

First Name: _____ Last Name: _____

Title: _____ Div/Dept: _____

Address: _____

City/State/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email _____

How would you prefer to receive notices from CHI? **EMAIL:** Yes No **FAX :** Yes No

Would you like to receive CHI event updates Yes No

ORDER TOTALS: Additional Registration **BOOTH PERSONNEL** \$ _____

Additional Registration **FULL CONFERENCE REGISTRATION** \$ _____

Total Due \$ _____

PAYMENT DETAILS:

Enclosed is check or money order payable to Cambridge Healthtech Institute, drawn on a U.S. bank, in U.S. currency.

Please charge \$ _____ to credit card: Visa MC AMEX

Cardholders Name: _____ Signature: _____

Card #: _____ Expiration Date: _____

CANCELLATION POLICY: Cancellations will only be accepted up to 2 weeks prior to the conference. To cancel a registration, you may: *Transfer your registration to a colleague within your organization, *Transfer your registration to another Cambridge Healthtech Institute program, *Request a refund minus a \$100 processing fee per conference.

***Please Return Completed Forms to:**

Elaine Eskedal- FAX: 781-972-5425 or EMAIL: EESKEDAL@HEALTHTECH.COM