**2023 Prognostics and Health Management Conference**

**(PHM2023 Paris)**

**May 31 – June 2, Paris, France**

**REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Registration Category and Fee(Please refer to the Registration Fee Table for information) | * Registration Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Registration Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USD
 | Paper ID(if applicable) |  |
| Title(Prof./Dr./Mr./Mrs./Ms.) |  | Position |  |
| Given Name |  | Family Name |  |
| If you need an official invitation letter for visa purpose for attending the PHM2023, please provide your full name on your passport, your nationality, your passport number, and your date of birth, which are required by the government. | Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Affiliation |  |
| Postal Address |  |
| Email Address |  |
| Postal Code |  | City |  | Country |  |
| Choose the way you will present your paper | * Oral Presentation (Onsite)
* Oral Presentation (Virtual)
* Poster (Onsite)
 |