**Attachment 2-Registration Form**

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| **BSM GDMC 2023 Registration Form** | | | | | |
| **Basic Information** | | | | | |
| Name\* |  | Gender | |  | Your Photo |
| Tel. |  | Email\* | |  |
| WhatsApp |  | | | |
| **Background Information** | | | | | |
| Company / Lab Name\* | | |  | | |
| Education Background | | |  | | |
| **Location Information** | | | | | |
| Country\* | | |  | | |
| Province / State | | |  | | |
| City\* | | |  | | |
| Address\* | | |  | | |
| Postal Code\* | | |  | | |
| **Others** | | | | | |
| BSM Distributor Name | | |  | | |
| BSM Sales Manager  (By BSM) | | |  | | |
| Notes:   1. Address details will be used for material &winners’ prize delivery 2. Required fields are indicated by an asterisk\*. 3. Please send the registration form to:marketing@cdbesmile.com after completing it. | | | | | |
| **Thanks for participating in BSM GDMC 2023** | | | | | |