**Attachment 2-Registration Form**

|  |
| --- |
| **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** |