

REGISTRATION FORM

Please tick:	Student	Faculty
Oral presentation		
Poster Presentation		
Participation only		

Name: _____

Male/ Female

**Institution/
university/organisation** _____

**Phone/mobile
number** _____

**Email
address** _____

**Date and time of
arrival** _____

**Date and time of
departure** _____

Accommodation _____

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Payment details	PAYMENT INFORMATION	
	Total Amount	
	Bank Name	
	Remitter	
	Date	
	Ref. No	
	For online transfer	
	Order ID	