

CONFERENCE REGISTRATION FORM

(This form is to be used for Paper, First/Additional Author or Attendee/Listener Registration; all fields are mandatory)

A. Conference Details						
Title of the Conference						
Date of the Conference		Conference Acronym				

	B. Personal	Details		
Name of the Registering Author:				
IDES Membership No: (if any)	The second	PH 2	· · · ·	
Date of Birth (dd/mm/yyyy)		Gender		
Total Years of Experience (Teaching &	2	Education	100	
Research)	-		Paul 1	
Nationality				
Currently Residing Country	ALC: NO.		- A	No
Category of Registration	First Reg.	Additional Re	g.	Attendee
Contact Number			1.12	1 N 1
Mobile	and		1.1	5 1 S 4 1 S
E-mail	. 740		1.1.1	
Complete Affiliation (designation and	1000		1.0	
department, School, country)	11 11	10 C		
Address for Communication (print media to be	Charles			
dispatched – if applicable)	1.7			
213	1.1	2 X		C2
How did you heard about this coference	Emails	Newsletters	Internet	Friends
Note: Authors residing at Host Country can mal	ke payment in Local Cu	rrency; All other Authors sha	all pay equivalent	amount in US\$
		-		

	201	1
C. Paper I	Details (only for Author/Co-Author)	
Paper ID		1.55
Title of the Paper		1 92 - 11
Category of the Paper		
Track of the Registration		CAR IN
Name the co-authors(if any)		
Copyright Transferred	YES	NO
Camera-ready Paper Submitted	YES	NO
Total Number of pages*	(in digit)	(in Words)
Mention other Paper IDs registering to this	The second second	
conference (if any)	No. of Concession, Name	
Name the co-authors or Attendees/ Spouse		
registration (if any)		
* Camera Ready paper must confirm to specific Format of the re	spective track.	



D. Registration Fee				
Details	Authors from Host Country	International Authors		
Registration Fees	INR	US\$		
No. of additional Pages				
Additional Page Charge		US\$.		
Service Fees (10% of the total amount transferred)		US\$.		
NOTE: Add 10% towards the service charges and tax	L	1		

E. Optional Charges				
Conference Accessories	Authors from Host Country	International Authors		
Print Media of the Proceedings	L D PL	US\$		
Additional Conf Kit with CD	EIIUIN	US\$		
Additional Food Coupon	10 C C C C C C C C C C C C C C C C C C C	US\$		
Conference Bag		US\$		
Conference T-Shirt		US\$		

	F. Payment Details	
Total money Transferred		1 2 1
Mode of payment #	1.	2121
Transaction ID	Participant in the second seco	E 0 1
Bank Option ##		
Sender Name (who actually made the transfer)		N Desterior
Bank Name and Brach Details (from where the	1	0.0
amount is Transferred)		1.1.222.5.1.1
Date (dd/mm/yyyy) of payment		1.65
Remarks (if any)		and the second sec
# Mode of payment : Wire Transfer / Direct Deposit ## Bank Options: UBI Bank <u>http://www.theides.org/payme</u>	ent-in-ubi.htm	101
Send your completed registration form along with the so Sponsoring Organizations.	canned copy of the proof of payments	and Membership Photo ID card of the

Place:		3120	~	And in case of the local division of the loc	-	1	25	14	
Date:	100 March 100	181				1		of the Registering A	Author

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