

CSM-2019 – REGISTRATION FORM

(Each Paper should be registered separately by at least one author; Use 'X' to mark any field)

A. Personal details				[Photo]		
Candidate Name						
Nationality						
Currently residing at (Country)						
Category of Registration	<input type="checkbox"/>	Author	<input type="checkbox"/>	Co-Author	<input type="checkbox"/>	Listener
Contact Number						
Fax (Optional)						
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E-Mail						
B. Official Details						
Official Address			Personal Address			
Name of the Institution/Organization						
1) Paper ID						
2) Title of the paper						
3) IRED Member			<input type="checkbox"/> Yes <input type="checkbox"/> No			
4) Total Number Of Pages*			In Digits		In Words	
5) Re-Confirm your presence in presentation			YES		NO	
* If your paper has more than 7 pages, then you need to pay per page charge extra. e.g. if your paper has 9 pages, then you need to pay extra charge only for 2 pages.						
C. Registration Fee						
S. No.	Details					
1.	Registration Fees Paid			US\$		
*IRED Members have to submit their scanned copy of ID card along with this registration form. Same will be verified at the conference venue.						
D. Online Payment Details (Online Payment via Card Accepted Only)						
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1)Total Fees Transferred	US\$
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DECLARATION

I hereby declare that all the statements made in the CSM 2019 Registration Form are true to the best of my knowledge and belief. I understand and agree that, if any wrong information found in this form then this registration form may be cancelled, and the paper may be removed from the conference proceedings and SEEK Digital Library without any notice.

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Date:	Signature (Write the Name Above which will be considered as signature)