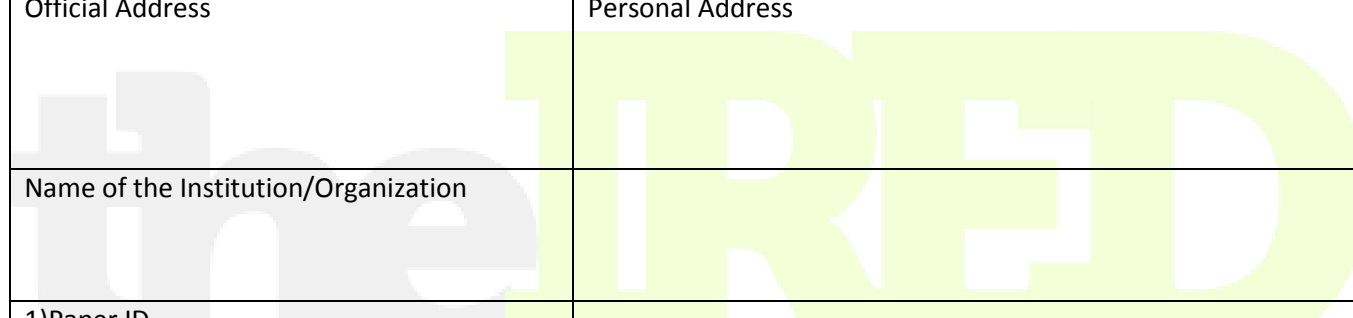


ABBE-2017 – REGISTRATION FORM

(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	Author	Co-Author	Listener	
Contact Number				
Fax (Optional)				
Mobile				
E-Mail				
B. Official Details				
Official Address		Personal Address		
				
Name of the Institution/Organization				
1) Paper ID				
2) Title of the paper				
3) Category	Student (IRED Member)			
	Student (Non Member)			
	Academician (IRED Member)			
	Academician (Non Member)			
	Industry Professional			
4) Total Number Of Pages*	In Digits		In Words	
5) Re-Confirm your presence in presentation	YES		NO	
6) Address for Communications (to where the Conference Proceedings CD to be dispatched/shipped – in case of Absentees Authors)**				
<p>* If your paper has more than 5 pages, then you need to pay per page charge extra. e.g. if your paper has 7 pages, then you need to pay extra charge only for 2 pages.</p> <p>**All the authors are supposed to present their papers. But due to unavoidable circumstances if any author(s) is not able to present their paper(s), he/she should file a "Request Letter" before the last date of registration. Only in such rare cases, conference Kit will be shipped to such authors after the conference with additional post charges. Postal charges have to be transferred by the candidate to Conference Bank Account. Postal Charges are USD 50.</p>				

C. Registration Fee		
S. No.	Details	
1.	Registration Fees	US\$
2.	Additional Page Charges	
*Students should submit the scanned copy of the identify Card or Bonafide Certificate from the head of the College/University. 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. Payment Details (Not valid for registration via credit card)		
1)Total Fees Transferred	US\$	
2)Bank Name		
3)Sender Name		
4)Country From Payment Transferred		
5)Date (dd/mm/yyyy) of payment		
6)Remarks (if any)		
NOTE: Any wrong information found in this form will cancel the registration, and the paper will be removed from the conference proceedings and Seek Digital Library without any notice		

DECLARATION

I hereby declare that all the statements made in the ABBE 2017 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.

Place:	
Date:	Signature of the Registering Author (Write the Name Above which will be considered as signature)