



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)				
Date of Birth (dd/mm/yyyy)		Gender		
Total Years of Experience (Teaching & Research)		Education		
Nationality				
Currently Residing Country				
Category of Registration	First Reg.	Additional Reg.	Attendee	
Contact Number				
Mobile				
E-mail				
Complete Affiliation (designation and department, School, country)				
Address for Communication (print media to be dispatched – if applicable)				
<b>Note:</b> Authors residing at Host Country can make payment in Local Currency; All other Authors shall pay equivalent amount in US\$				

C. Paper Details (only for Author/Co-Author)				
Paper ID				
Title of the Paper				
Category of the Paper				
Track of the Registration				
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 conference (if any)				
Name the co-authors or Attendees/ Spouse registration (if any)				
<i>* Camera Ready paper must confirm to specific Format of the respective track.</i>				



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\$.
<b>NOTE: Add 10% towards the service charges and tax</b>		

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

F. Payment Details	
Total money Transferred	
Mode of payment #	
Transaction ID	
Bank Option ##	
Sender Name (who actually made the transfer)	
Bank Name and Brach Details (from where the amount is Transferred)	
Date (dd/mm/yyyy) of payment	
Remarks (if any)	
# Mode of payment : <b>Wire Transfer / Direct Deposit</b>	
## Bank Options: <b>SIB Bank</b> <a href="http://www.theides.org/payment-in-sib.htm">http://www.theides.org/payment-in-sib.htm</a>	
<b>Send your completed registration form along with the scanned copy of the proof of payments and Membership Photo ID card of the Sponsoring Organizations.</b>	

Place:	
Date:	Signature of the Registering Author