



29-31 March, 2016

Registration Form

Name:

Title/ Academic Degree:

Institution:

Country:

Full Address:

Phone:

(Including country code)

FAX:

(Including country code)

E-mail:

For Authors

Paper Title:

Authors Name:

Payment Method: Cash Bank Transfer Cheque

In case of Cheque payment, provide us with:

Cheque No.:

Bank/Branch:

Date:

In case of Bank transfer or Cheque payments, as proof of payment, please attach a scanned copy via e-mail of the bank receipt together with your registration form to icscpm2016@gmail.com.

Signature

Date