



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)			
Note: 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 (5% of the total amount transferred)		US\$.
NOTE: Add 5% towards the service charges and tax		

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\$
NOTE: If the total order of Conference Bag and Conference T-Shirt is less than 20, amount paid towards these Conference Accessories will be refunded.		

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

Place:	
Date:	Signature of the Registering Author