

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)							
How did you heard about this conference	Emails		SMS		Internet		Friends
							Newsletters
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)			
* Camera Ready paper must confirm to specific Format of the respective track.			

D. Registration Fee		
Details	Authors from Host Country	International Authors
Registration Fees	INR	US\$
No. of additional Pages		
Additional Page Charge		US\$.

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 Branch Details (from where the amount is Transferred)	
Date (dd/mm/yyyy) of payment	
Remarks (if any)	
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