

ICACIE 2017 - REGISTRATION FORM (Authors and Listeners)

[Each accepted paper MUST be registered by at least one author]

A. Personal Details [For listener / author registration]															
Name of registering Author															
Complete Affiliation (designation, department, Institution / Organization, State, PIN Code, Country)															
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y					
Gender	<input type="checkbox"/> Male					<input type="checkbox"/> Female									
Nationality	<input type="checkbox"/> Indian					<input type="checkbox"/> Other (Specify)									
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Corresponding Address	Street Name 1														
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	Country														
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B. Article and Presenter's Details [For author registration (Listeners please leave section B blank)]																
Article ID																
Title of the article																
Number of authors:				Number of pages in Camera ready article:												
Name(s) of author(s) (in order as manuscript)																
No. of Pages in Camera Ready:				No. of Figure(s)				No. of Table(s)								
Prepared Camera-ready Paper according to Springer guidelines?	<input type="checkbox"/> Yes					<i>Consent to Publish Form signed?</i>					<input type="checkbox"/> Yes					
For Student registration, are you attaching the xerox/scan of proof of studentship?	<input type="checkbox"/> Yes					<input type="checkbox"/> Not applicable										
Have authors received permission if they have used third party material in article?	<input type="checkbox"/> Yes					<input type="checkbox"/> Not used										
Name of presenter:																
Phone number of presenter:						Food habit	<input type="checkbox"/> Vegetarian					<input type="checkbox"/> Non-Vegetarian				

C. Registration Fee Detail [For listener / author registration]																					
Registration category	Author								Listener												
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Regular Charge	INR							USD													
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Transfer Date	D	D	/	M	M	/	Y	Y	Y	Y	DD Date	D	D	/	M	M	/	Y	Y	Y	Y
Transaction ID								DD number													
Amount (in numerals)								Amount (in numerals)													
Amount in words								Amount in words													
Name of the Bank (from where the fee has been Transferred)								Name of the Bank (from where the DD has been made)													
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Branch name (from where the fee has been Transferred)								<input type="checkbox"/> I remember to scan the DD and am sending the scan through mail along with this registration form.													
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Declaration

I hereby declare that all the statements made in this Registration Form are true to the best of my knowledge and belief. I understand and agree that, any form of canvassing, if found before or after the conference, may lead to cancellation of registration without any prior notice.

Place:

Date:

Signature of the Registering Author/Listener