

ICACIE 2022 - 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)									
Phone						Fax									
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Corresponding Address	Street Name 1														
	Street Name 2														
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	ZIP code														
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					Consent to Publish Form signed?					<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 the Presenter:															
Presentation slides MUST be mailed to icacie2022@gmail.com before 10-Dec-2022.															
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												
	<input type="checkbox"/> Student		<input type="checkbox"/> Academician			<input type="checkbox"/> Industry			<input type="checkbox"/> Listener												
Regular Charge	INR						USD														
Additional Page Charge (for authors only)	INR						USD														
Total	INR						USD														
Mode of payment (tick below and fill left column or right column accordingly)																					
<input type="checkbox"/> Online Transfer (Foreign Telegraphic Transfer or Direct Transfer or NEFT Transfer or RTGS Transfer or Wire Transfer or Direct Transfer)								<input type="checkbox"/> Demand Draft													
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)														
Name of Account holder from whose account the transfer has been made							Name of Account holder from whose account the DD has been made														
Account number (from where the fee has been Transferred)							Branch name (from where the DD been made)														
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.														
<input type="checkbox"/> I remember to scan the proof of the payment and am sending the scan through mail along with this registration form.						<input type="checkbox"/> I remember to post the original DD timely so that it will reach before the deadline.															

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