



**ICMET-2019**

**REGISTRATION FORM**

**Registration Information (Please write in block capitals)**

Paper ID \_\_\_\_\_

Paper Title \_\_\_\_\_

Author Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Payment Details**

Transaction no: \_\_\_\_\_

Date: \_\_\_\_\_ Online/Cash \_\_\_\_\_

Name of the bank : \_\_\_\_\_

Amount: \_\_\_\_\_

Date:

Signature:

Name: