

International Conference on Innovative Research in Science, Technology and Management (ICIRSTM-17)

Email ID: papers@icirstm.org
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Listener Registration Form

Kindly, fill this registration form. All entries are compulsory. Scan it and send it to papers@icirstm.org

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| Date and place of conference: | <input style="width: 100%;" type="text"/> | | |
| Given Name: | <input style="width: 300px;" type="text"/> | Affiliation: | <input style="width: 200px;" type="text"/> |
| Surname: | <input style="width: 300px;" type="text"/> | Designation: | <input style="width: 200px;" type="text"/> |
| Emails address: | <input style="width: 300px;" type="text"/> | Contact no.: | <input style="width: 200px;" type="text"/> |
| Address: | <input style="width: 100%; height: 50px;" type="text"/> | | |
| City: | <input style="width: 280px;" type="text"/> | State: | <input style="width: 200px;" type="text"/> |
| Country: | <input style="width: 280px;" type="text"/> | Pin Code: | <input style="width: 200px;" type="text"/> |
| Passport No.: | <input style="width: 280px;" type="text"/> | DOB: | <input style="width: 200px;" type="text"/> |

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Note: It is mandatory to provide a scan copy of ID Proof/Passport along with this Registration form at venue. This registration form is not valid for presentation or publication. This is only for participants/listeners.

Declaration/Undertaking:

- ✓ I will not cause or involve in any sort of violence or disturbance within and outside the conference venue.
- ✓ I have provided the original identity.
- ✓ I have read all the information carefully provided in the conference website for attending ICIRSTM.



I hereby declare that all the information provided by me is true and if at any moment it is found to be wrong my registration for the event will be questionable or cancelled by the ICIRSTM management and can take necessary action against me.

Signature

Date