

## **CONFERENCE REGISTRATION FORM**

	5. PAYMENT DETAILS
1. CONFERENCE DETAILS	Amount(USD/INF
Conference Name:	Mode of transfer
	Bank Details
Date of Conference( DD/MM/YY)	Transactions ID
Place of Conference	Or Order ID(For
	Debt/credit card payment)
2. ARTICLE DETAILS	Date of Transfer (DD/MM/YY)
Paper ID (*):	(Mode of transfer: Online Banking/Cash deposit at ban
(Kindly mention this while communicating in future with IFRRA)	/NEFT/Debt card/Credit card) only)
Paper/Article Title (*)	NOTE: Send the scan copy of this form and Payment
	proof to Official mail ID (Only) of the conference
	before last date of Registration and bring this to the
	venue while attending the event with a valid ID
3. NAME AND CONTACT DETAILS	6. <u>OTHER DETAILS</u>
	6.1 How did you get the information about this
Author's First Name Middle Last	conference?
Age: (M/F)	allconferencealert.com □ conferencealert.com □
City:State:	Email  From College  Referred by Professor
Country:	Referred by Friends  Other Websites(Specify)
Correspondence Postal address (*)	Other Websites(Specify)
Postal PIN:	6.2 Have you attended any conference organized by
Mobile Number (*):	IFRRA or its allied group before?
Alternate Contact Number:	No ☐ Yes (Paper ID) ☐
Email (*):	
	6.3 Will you personally attend the Event?(*)
4. AFFILIATION AND ORGANIZATIONAL DETAILS	No ☐ Yes ☐
	6.4 No. of Persons attending the event with you?
4.1College/University/Company(*)	(Including your co-authors):
	6.5 Will your Professor/Guide/HOD/Principal attend
	the Event(Y/N)
4.2 Designation (Student/Asst. Prof/Assoc. Prof/	6.6 Do you want to publish this paper in international
Professor/ Research Associate/Others	journal after the conference organized by IFRRA
4.3 Qualification (*)	(Y/N)
Graduation	7.DECLARATION (Read Carefully before signature)  1. I have not published this paper anywhere before.
Post Graduation	2. I and all my co-authors have Original contribution in the research paper.
Ph.D	3. I am transferring the Copyright of my paper to IFRRA 4. I will not cause or involve in any kind of violence or disturbance within and
Post Doc:	Outside of the Conference/Event Venue. 5. I have informed my Supervisor/HOD/Principal and Co-authors regarding this
4.4 No of Conference/Events Attended	publication and event. 6. IFRRA has all rights reserved to shift the venue, rescheduling the date at any time .
4.5 No of paper published	7. I have <b>read and agreed</b> all the information carefully provided in the conference
4.6 Guided by (*)	website for attending and publishing in IFRRA conference.
NameAffiliation	I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by
Designation	IFRRA Management
1 1 1131 # 1	

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allconferencealert.com ☐ conferencealert.com ☐
Email  From College  Referred by Professor
Referred by Friends □
Other Websites(Specify)
6.2 Have you attended any conference organized by IFRRA or its allied group before?  No □ Yes (Paper ID) □
6.3 Will you personally attend the Event?(*) No □ Yes □
6.4 No. of Persons attending the event with you?
(Including your co-authors):
6.5 Will your Professor/Guide/HOD/Principal attend
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2. I and all my co-authors have Original contribution in the research paper. 3. I am transferring the Copyright of my paper to IFRRA
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