



CONFERENCE FORA

Achieving Excellence Together

CONFERENCEFORA

LISTNER REGISTRATION FORM

E-mail : info.conferencefora.org@gmail.com

Web: <http://conferencefora.org>

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN. Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All questions and inquiries concerning registration and payment should be addressed to: info.conferencefora.org@gmail.com

Event Name	
Venue/Place of Event	
Date of Event	
Conferencefora Listner Reg. ID	

Full Name (Prof./Dr./Mr./Mrs.)		Highest Qualification	
Affiliation/Designation		Nationality	
Mailing Address		Age	
City, Zip, Country		Passport Number	
Mobile(With Country code) (Whatsapp Number)		Email Id	
Purpose to Attend the Conference/event			
Your Topic of Research/Interest			

PAYMENT INFORMATION

Total Amount (USD)	Bank Name	Remitter	Date	Ref. No
	For online transfer (Debt card/Credit card/Online Banking)	Order ID/Traction ID:		

Note: It is mandatory to provide a scan copy of ID Proof/Passport along with this Registration form

ADDITIONAL INFORMATION

- ⦿ Will you present physically at the event _____(Y/N).
- ⦿ No. of Persons accompany with you for this event? _____
- ⦿ Will your Guide/HOD/Principal attending will attend the Event? _____(Y/N).
- ⦿ Total years of Experience (if any Academic and Industry) _____

Photo Here

(the photo should match your Passport)

Mandatory

Declaration & Undertaking

1. I will not cause or be involved in any sort of violence or disturbance, within or outside of the Conference/Event Venue and during my travel to the venue in any Country during my Visa Period.
2. CONFERENCEFORA has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.
3. In case of cancellation or re-scheduled of this event to other place or date at any time , CONFERENCEFORA will be not responsible for any kind of financial loss due to ticket cancellation or any other bookings done by me or my co-authors.
4. 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 the event will be cancelled by CONFERENCEFORA and necessary action will be taken against me.
5. CONFERENCEFORA is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during or after the Event.
6. The refund will be done if decided by CONFERENCEFORA management will be done as the same mode as I paid and will take 7 to 60 days from the day of refund process starts.
7. This conference/seminar is a multidisciplinary in nature which may have presentations other than my interest.
8. I clearly understood the procedure for publication, registration and attending the seminar. I have read all the rules and regulations at http://saard.org/rules_regulations.php and above Declaration & Undertaking and I agree.

Signature: _____ Date(DD/MM/YY) _____

Remarks: _____

Please complete this form and email a scanned copy to: info.conferencefora.org@gmail.com