REGISTRATION FORM

Reference No:

Office Use Only

(Please type or use block capitals)

**SECTION A** (To be filled by **each** participant)

1. Name (Prof/Dr/Mr//Mrs/Ms/Miss): ………….....................................................................................................

2. Nationality: …………….....................................................................................................

3. Address: .......................................................................................................................

 ........................................................................................................................

4. Tel: ............................................................ Email: ............................................................. (Very important)

**SECTION B**

**Employment Record (Present job):**

Name of institution: ...................................................................................................................

Position: .....................................................................................

**SECTION C**

**Educational Background (optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree or equivalent | Year of Award (or expected): | University/Institution | Field of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION D**

**Professional/academic/industry Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Position Held | Institution/Company | From- to | Nature of responsibility |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please Tick

I am interested in participating at the above-mentioned conference as a resource professional/ scientist/ participant/ supplier/ observer/ or …………………………………………………………………………………………………….

I wish to present a paper titled: ......................................................................................................................

..........................................................................................................................................................................

**SECTION E:**  **Registration fee:**

 **Foreign participants**

 Please Tick

I wish to present a paper an participate the entire conference - Fee 200 US$

I am a Non-paper presenter and wish t participate entire conference - Fee 75 US$

I wish to participate 2 sessions registered separately. Two sessions (One day) - Fee 30 US$

**Local participants**

Please Tick

I wish to present a paper an participate the entire conference - Fee 12,500 LKR

I am a Non-paper presenter and wish t participate entire conference - Fee 5,000 LKR

I wish to participate 2 sessions registered separately. Two sessions (One day) - Fee 2,000 LKR

* **Foreign participants**: A bank deposit slip of US $ …………….................., is enclosed.
* **Local participants**: A bank deposit slip of SL Rupees ……………………is enclosed.

Signature: ................................................ Date: ......................................................