## IIARP Conference Registration Form

All queries and inquiries regarding registration & payment mail us to: info@iiarp.org / info.iiarp@gmail.com

|  |  |
| --- | --- |
| Conference Name: |  |
| Conference Date & Place: |  |

***Contact Information:***

Photo Here

(the photo should match your passport)

**Mandatory**

|  |  |  |  |
| --- | --- | --- | --- |
| Author’s Full Name:  (Prof./Dr./Mr./Mrs.) |  | | |
| Affiliation/University: |  | | |
| Mobile Number: |  | | |
| WhatsApp Number: |  | | |
| Nationality: |  | Age: |  |
| Mailing/Postal Address: | Address Line 1: | | | |
| Address Line2: | | | |
| City: | | | |
| State / Province: | | | |
| Postal / Zip Code: | | | |
| Country: | | | |

***Accepted Abstract/Paper Information:***

|  |  |
| --- | --- |
| Paper ID: |  |
| Title of the Abstract/Paper: |  |

***Names for Certificates:***

|  |  |
| --- | --- |
| Author(s) Name : |  |
| Co-Author 1 : |  |
| Co-Author 2 : |  |
| Co-Author 3 : |  |

**Add more if any**

***Select Participation Mode (Mark or Highlight one option):***

|  |  |  |
| --- | --- | --- |
| 🖵 **Attend Physically** | 🖵 **Live Online (ZOOM)** | 🖵 **Pre-Recorded Video** |

|  |  |
| --- | --- |
| What is the total number of people attending the event including you? | **:** |
| Will your Guide/HOD/Principal attending will attend the Event? | **:** |
| Total years of Experience (if any Academic/Industry) | **:** |

***Payment Details:***

***Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.***

|  |  |  |  |
| --- | --- | --- | --- |
| Total Amount: |  | Bank Name: |  |
| Remitter (Name): |  | Ref. No. |  |
| Date: |  | Order/Transaction ID: |  |

***NOTE:*** *To complete registration, do the payment and send us the payment receipt or transaction proof you received after the transaction you made along with the filled up registration form before the last date of conference registration.*

***Choose Publication Category*** *(Please refer to the Acceptance letter):*

***(Mark or Highlight One option)***

|  |  |
| --- | --- |
| **🖵** | **1- Only Presentation** (Abstract/Extended Abstract Proceedings Publication) |
| **🖵** | **2- Peer-Reviewed International Journal** (Google Scholar, DOAJ) |
| **🖵** | **3- Scopus Q4, Q3, Web of Science ESCI** (High Quality Scopus/WoS Journals) |
| **🖵** | **4- Scopus Q1** (Taylor & Francis, Open Access-Fast Publications) or **Q2** Springer Nature |

***Declaration & Undertaking:***

* I have not published this full paper anywhere before and I am transferring the copyright of my paper to IIARP.
* I will not cause or be involved in any sort of violence or disturbance within or outside of the conference/event venue or during travel to the venue in any country during my visa period.
* IIARP reserves all rights to shift the venue or reschedule the date of the event.
* I hereby declare that all information given by me is true, and if at any moment it is found to be false, my registration for the event will be cancelled by IIARP, and necessary action will be taken against me.
* IIARP is not responsible for any violations of rules and regulations by me or my co-authors of this paper in any country during the event.
* IIARP is not responsible for my accommodation and travel allowances in any country during the event.

Signature Author’s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_