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| **unimap****CONFERENCE REGISTRATION FORM****20152ndInternational Conference on Biomedical Engineering – (ICoBE)****(*Exploring Recent Trends in Biomedical Engineering Systems and Technologies*)****Bayview Hotel, Georgetown, Penang, Malaysia****Organized by****School of Mechatronic Engineering,** **Universiti Malaysia Perlis (UniMAP), Perlis, Malaysia****Conference: 30-31, March 2015** |
| ***Please complete this form and return it by e-mail, regular mail or fax.******Please note that this is how you will be indicated on your badge and in the list of participants.*****Participant’s information**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:□Prof. □ Dr. □ Mr. □ Ms. □ Mrs. □ other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Paper to be presented:****Paper Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Paper Reference Number: \_\_\_**Payment Information**Paper Registration fee: **MYR/USD** \_\_\_\_\_\_\_\_**My payment is\*:**□ By bank draft (For local & International participants both):1. Bank Draft No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **I will attend the conference on March 30-31, 2015:** □**Yes**□**No***Local/foreign participants, please submit proof of payment through email or fax before deadline. Currency exchange or bank collection fees are the responsibility of the participant. \*The details for the bank transfer or wire transfer are:*Account Name: **Universiti Malaysia Perlis**Account no: **09010001234710**Bank Name: **Bank Muamalat Malaysia Bhd.**Swift Code: **BMMBMYKL**City: **KANGAR**State/Country: **Perlis/Malaysia**Post Code: **01000**Bank’s Full Address: **Bank Muamalat Malaysia Bhd.,Kangar Branch,No. 11& 13, Bangunan PKENPs,Jalan Bukit Lagi, 01000 Kangar,Perlis, Malaysia****Additional Information**If you face any problem regarding registration, please contact the conference secretariat immediately by email given **(icobe.unimap@gmail.com/icobe2015@unimap.edu.my**).**Payment Information**: Registration form must be accompanied by full payment in order to be processed. Incorrect information i.e. wrong participant name will be considered non-payment and, therefore, registration will not takeplace. Registration will not be accepted by telephone. **Papers without registration fee will not be included in the conference proceeding**. Please note that accommodation cost is not included in the conference registration fee.**Refund policy:** Under no circumstances registration fee will be refunded. The conference committee maintains no-refund-policy. However, in an event that may cause the participant not being able to attend the conference, a substitute is allowed. However, in such a case inform the matter in writing to the conference secretariat on or before 28February, 2015.By signing and sending this registration form, I have taken notice of the **cancellation/refund terms** mentioned in this form.**Registration Fee**Registration fees include Conference Proceeding, Abstract Book, Lunches and Coffee Break.Full time Students must enclose a **bonafide certificate** from Dean/Principal of respective Schools/Departments/Colleges or UniversitiesDate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |