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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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (ii)Issuing Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iii) Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □By WIRE TRANSFER\*\* (Telegraphic Transfer) (For local & International participants both):   1. Reference No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Issuing Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (iii) Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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 Universities  Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |