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| **CONFERENCE REGISTRATION FORM**  **2017 3rd International 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: 21-22, August 2017** |
| ***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 WIRE TRANSFER\*\*(Telegraphic Transfer) (For local & International participants):   1. Reference No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ii) Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Issuing Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Please state in the Description/Purpose/Recipient Reference in the bank form: **"ICoBE 2017 Registration Fee”**.  □By CASH DEPOSIT\*\* (local participant):   1. Reference No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ii) Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   □By Grant\*\* (For UniMAP participant):   1. Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \*\*Please send a duplicate softcopy of your payment receipt/Borang Permohonan Pembayaran Secara Pindahan via email at [icobe.unimap@gmail.com](mailto:icobe.unimap@gmail.com) to complete the registration process. |

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| □By LOCAL ORDER (LO)/Voucher\*\*\* (local participant only):   1. Reference No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ii) Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Issuing Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   □By BANK DRAFT\*\*\* (For local & International participants):   1. Bank Draft No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ii) Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (iii)Issuing Bank Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*\*Please send the original copy of LO/Voucher/Bank Draft to the ICOBE2017 Secretariat address to complete the registration process.  **I will attend the conference on August 21-22, 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/icobe@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 take place. 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 21 July, 2017. 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 Journal Publication, Abstract Book, Lunches and Coffee Break.  Full time Students must enclose a **bonafide certificate** from Dean/Principal of respective Schools/Departments/Colleges or Universities  **Contact:**  ICoBE 2017 Secretariat, School of Mechatronic Engineering Ulu Pauh Main Campus, Arau, 02600,  Perlis, Malaysia.  Fax    :+604 9885167  Email : [**icobe.unimap@gmail.com**](mailto: icobe.unimap@gmail.com)  Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |