|  |
| --- |
| C:\Users\ridzuan\Downloads\ICADME2017final design no background png.png**unimap** |
| ***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**Category: \_\_\_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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONFERENCE REGISTRATION FORM**

**International Conference on Aplications and Design in Mechanical Engineering 2017 – (ICADME 2017)**

**Bayview Hotel, Georgetown, Penang, Malaysia**

**Organized by**

**School of Mechatronic Engineering,**

**Universiti Malaysia Perlis (UniMAP), Perlis, Malaysia**

**Conference dates: 21-22, August 2017**

|  |
| --- |
| **I will attend the conference on August 21-22, 2017:** □**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 **(****icadme2017@unimap.edu.my** **/ icadme2017@gmail.com**)**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 published in IOP Journal of Physics: Conference Series)** 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 **31 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 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |