SCHOOL OF MECHATRONIC ENGINEERING
UNIVERSITI MALAYSIA PERLIS,
02600 JEJAWI, ARAU, PERLIS, MALAYSIA

International Conference on APPLICATIONS AND DESIGN IN MECHANICAL ENGINEERING
(ICADME 2009)
11-13, October 2009

CONFERENCE REGISTRATION FORM

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.

1. Participant's information

Name: _____

Title: _____ ☐ Prof. ☐ Dr. ☐ other: _____☐ Mr. ☐ Ms. ☐ Mrs.

Designation:_____Organisation: _____

Address: _____

_____

Postal code: _____ City: _____ Country: _____ ____

Telephone: _____ Fax: _____ E-mail:_____

1. Paper Title:

_____

Paper Reference Number:_____ ___

2. Paper Title (If any):

_____

Paper Reference Number:_____ ___

3. Paper Title (Additional paper, if any):

_____

Paper Reference Number:_____ ___

4. Tutorial Title :_____

2. Payment Information

Paper Registration fee: **MYR/USD _____**
Presentation of Additional Paper   **MYR/USD _____**
Banquet dinner per accompanying adult   **MYR/USD _____**
Tutorial Registration Fee   **MYR/USD _____**

Total fees: **MYR/USD _____**

3. My payment is:

☐ By cheque (for local participant only)

☐ By bank draft (kindly provide the detail)(For local & International participants both)

☐ By WIRE TRANSFER (Telegraphic Transfer) (For local & International participants both)

4. I will participate at the conference dinner on October 12, 2009: Yes/No

*Please state <u>full name of the participant</u> on the back side of the bank draft or cheque. Cheque / bank draft /money order must be made payable to **<u>Bendahari Universiti Malaysia Perlis</u>**. For 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. <u>Payment on the conference day by cash will be considered for local participant only</u>.*

5. Additional Instructions

If you face any problem regarding registration, please contact the conference secretariat immediately by email given (icadme@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 to the conference secretariat on or before 25 September, 2009.

By sending this registration form, I have taken notice of the **cancellation/refund terms** mentioned in this form.

Date: _____/_____/_____   Signature: _____