

CONFERENCE REGISTRATION FORM

	**Registra	*All items are compulse ation form should be fille		` ,
Title:	(Dato', Prof., Assoc. F	Prof., Dr, Mr. Ms. etc.)	Male O	Female O
First Name:		Family Name:		
Affiliation(Organization or	University):			
Mailing Address:				
City:		State/Province:		
Country:		ZIP/Post Code:		

E-mail:

REGISTRATION PROCEDURE

Food allergies or vegeterian/ Physical requests (if any):

H/phone No.:

Student ID Number (if any):

Conference Name:

- 1) For presenter, presenter should send conference paper to us at conferenceusapassion@gmail.com and receive notification of acceptance and registration confirmation. Please select one of preferred journal (peer review, SCOPUS, ERA, ISI ESCI indexed) and follow the journal formatting. Please note that co-author(s) that wish to attend the conference together with presenter is charged accordingly as listener fee.
- 2) For listener, listener should directly register by filling registration form and email it to us and receive notification of acceptance.
- 3) Upon receiving notification of acceptance, participants (either presenter or listener) will be given payment invoice from us.
- 4) Participants should make payment to complete registration by following payment instruction. Please note that different participants with different publication selection will have different fees of registration. Please refer to invoice.
- 5) After participants made the payment, participants should inform us through email at conferenceusapassion@gmail.com by attaching proof of payment as soon as possible.
- 6) Participants will be given payment receipt from us and complete registration

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