

ICACNI 2017 – REGISTRATION FORM (Authors and Listeners)

[Each accepted paper MUST be registered by at least one author]

A. Personal Details [For listener / author registration]																
Name of registering Author																
Complete Affiliation (designation, department, Institution / Organization, State, PIN Code, Country)																
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Nationality	<input type="checkbox"/> Indian				<input type="checkbox"/> Other (Specify)											
Phone							Fax									
Mobile							E-mail									
Corresponding Address	Street Name 1															
	Street Name 2															
	City							State								
	Country															
	ZIP code															

B. Article and Presenter's Details [For author registration (Listeners please leave section B blank)]															
Article ID															
Title of the article															
Number of authors:			Number of pages in Camera ready article:												
Name(s) of author(s) (in order as manuscript)															
No. of Pages in Camera Ready:			No. of Figure(s)						No. of Table(s)						
Prepared Camera-ready Paper according to Springer guidelines?	<input type="checkbox"/> Yes				Consent to Publish Form signed?						<input type="checkbox"/> Yes				
You understand that plagiarism of any form leads to non-publication?												<input type="checkbox"/> Yes			
For Student registration, are you attaching the xerox/scan of proof of studentship?										<input type="checkbox"/> Yes		<input type="checkbox"/> Not applicable			
Have authors received permission if they have used third party material in article?										<input type="checkbox"/> Yes		<input type="checkbox"/> Not used			
Will the article be presented physically?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		Followed ethical guidelines in preparing article?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Name of presenter (if presented physically) :															
If NO, Presentation MUST be mailed to sambitbaksi@gmail.com before 15-May-2017.															
Phone number of presenter:						Food habit				<input type="checkbox"/> Vegetarian		<input type="checkbox"/> Non-Vegetarian			

C. Registration Fee Detail [For listener / author registration]

Registration category	Author			Listener																	
	<input type="checkbox"/> Student	<input type="checkbox"/> Academician	<input type="checkbox"/> Industry	<input type="checkbox"/> Listener																	
Regular Charge	INR			USD																	
Additional Page Charge (for authors only)	INR			USD																	
Late Fee (for authors only)	INR			USD																	
Total	INR			USD																	
Mode of payment (tick below and fill left column or right column accordingly)																					
<input type="checkbox"/> Online Transfer (Foreign Telegraphic Transfer or Direct Transfer or NEFT Transfer or RTGS Transfer or Wire Transfer or Direct Transfer)			<input type="checkbox"/> Demand Draft																		
Transfer Date	D	D	/	M	M	/	Y	Y	Y	Y	DD Date	D	D	/	M	M	/	Y	Y	Y	Y
Transaction ID				DD number																	
Amount (in numerals)				Amount (in numerals)																	
Amount in words				Amount in words																	
Name of the Bank (from where the fee has been Transferred)				Name of the Bank (from where the DD has been made)																	
Name of Account holder from whose account the transfer has been made				Name of Account holder from whose account the DD has been made																	
Account number (from where the fee has been Transferred)				Branch name (from where the DD been made)																	
Branch name (from where the fee has been Transferred)				<input type="checkbox"/> I remember to scan the DD and am sending the scan through mail along with this registration form.																	
<input type="checkbox"/> I remember to scan the proof of the payment and am sending the scan through mail along with this registration form.			<input type="checkbox"/> I remember to post the original DD timely so that it will reach before the deadline.																		

Declaration

I hereby declare that all the statements made in this Registration Form are true to the best of my knowledge and belief. I understand and agree that, any form of canvassing, if found before or after the conference, may lead to cancellation of registration and publication without any prior notice.

Place:

Date:

Signature of the Registering Author/Listener