

REGISTRATION FORM

e-mail:info@wcaset.co web:http://wcaset.co/

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN.Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All questions and inquiries concerningregistration and payment should be addressed to:

info@wcaset.co

Please complete this form and email a scanned copyto: info@wcaset.co

	imo@wc	aset.co					
Event Name							
Venue/Place of Eve	ent						
Date of Event							
PLEASE KINDLY FILI	L IN A SEPA	ARATE REGIST	TRATION FOR	M FOR EACH CONFER	RENCE PARTI	CIPANT	
Full Name				Highest Qualification			
Affiliation/Designation							
Mailing Address							
City, Zip, Country		Passport Number:					
Mobile(With Country code)				Email			
	Paper ID	:					
ACCEPTED PAPER INFORMATION	Title of the paper:						
	Author's	Name:					
Co-Author's Name &Designation	1.	2	2.	3.	Mai Con	ded by: 1 ID: ttact No: iliation:	
Total Amount (USD)	Bank l		Remitter Order ID/Traction ID:	Dat	te Ref. No	
		(Debt card/Credit ca		Order ID/1 raction ID:			
Note: It is mandatory	to provide a	scan copy of I	D Proof <mark>/</mark> Passp	ort along with this Regi	stration form		
ADDITIONAL INFO	RMATION	N					
Will you present pl	hysically at	the event		(Y/N).			
No. of Persons atte	vent with you?(Co-authors)					
Will your Guide/H	OD/Princip	al attending wi	ll attend the Eve	ent?(Y/N).			
Declaration & Und	ertaking					Photo Here	
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Signature (Author):				Date:			
Remarks:							