**EuAsC2S-16 - REGISTRATION FORM**

Name : (Title………) …….………..……..………………………………………………………………………………………..

Designation: ……………………….……………........................................................................................

Organization: ..............................................................................................................................

Mailing Address: ........................................................................................................................

……………………………………………………………………………………………………………………………………………….

E-mail address: .................................................................

Phone: .................................................... Fax: ......................................................

I plan to make a Presentation (Yes / No), Preference: Oral (15 min)/Poster

If yes, Title: …..................................................................................................................................................

…………………………………………………………………………………….…………………………………………………………

Main Area of Presentation (See 1-14 above) : ………………

Registration Fee: Remitted to Bank on…………………………..…../ To be paid (Delete as required).

Accommodation at Conference Venue: Single / Double

Arrival: ………………………….………. Departure: ……..……………………………….… (Please notify flight details when available to arrange for transfer from airport to Hotel)

Non-participant accompanying person (Yes/No) Name………………………………………………………….