

AUTHOR REGISTRATION FORM

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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 certificate.

Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All questions and inquiries concerning registration and payment should be addressed to: abstracts@isar.org.in

Please complete this form and email a scanned copy to: abstracts@isar.org.in

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Event Name										
Venue/Place of Event										
Date of Event										
PLEASE KINDLY FILL	IN A S	EPARATE REG	ISTRATION FO	RM FOR	R EACH	H CONFERENC	CE PA	RTICIPA	NT	
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Note: It is mandatory to provide a scan copy of ID Proof / Passport along with this Registration form										
ADDITIONAL INFORM	AATI()N								
• Will you present physically at the event(Y/N).										
No. of Persons attending the event with you? (Including your Co-authors)										
Will your Guide/HOD	/Princi	pal attending w	ill attend the Ev	ent?	((Y/N).				
Declaration & Undert	aking	<u>.</u>								
I agree to the cancellatio I understand that ISAR is venue, or schedule. I acknowledge that my re I accept that ISAR reserv I confirm that I have read payment.	on and r s not res egistrati ves the r	efund policy stated ponsible for my to on is non-refunda ight to conduct the	cavel or accommod ble but may be cre e conference in ph	dation arr edited for sysical or	angeme another virtual f	nts and any lossed ISAR conference Format, and no ref	s due t withir fund w	o changes 1 one year, ill be provi	in the event format, as per the policy. ded for such changes.	
Signature (Author): Remarks:					_ Da	nte:				