**Registration Form of ICAMC2019**

**(Listener)**

December 2-4, 2019

Lisbon, Portugal

[www.icamc.org](http://www.icamc.org)

Please note that it is essential for all participants to send in a completed **Registration Form(doc),** and **payment voucher(jpg)** to [icamc@cbees.net](mailto:icamc@cbees.net) before **November 05, 2019**.

\*All the items below with \* in front are must-fill items

\*\*Invoice title usually refers to the person who paid the fee or the organization which will sponsor you to attend conference. If you will use the receipt for reimbursement purpose, we suggest you to put your organization/company/affiliation name on this line.

**1. Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Your Name: | | | \*Family Name: | |
| \*Position: Prof. □  Assoc. Prof. □  Asst. Prof. □ Dr. □  Mr. □  Ms. □ | | | | |
| \* Whether attend the conference:  YES □  \*Participant’s Full Name:   * All the materials of participation will be prepared under this name, One registration invite one author to come * Any changes, please inform us 30 days before the conference, or the participant should be responsible for the consequences.   \*Participant’s Affiliation(Organization or University): | | | | One-inch-Photo here |
| NO□(please kindly let conference secretary know the reason you cannot attend ) | | | | |
| \*Whether join in the One Day Visit on December 4, 2019:  (The price will be announced in November)  Yes □ The Attendee’s name:  No □ | | | | |
| \*Postal Address **(中国作者请用中文填写, 以方便邮寄)**  Please make sure the address is valid for receiving package. | | | | |
| \*Invoice Title (发票抬头): | | | | |
| Position: Prof. □Associate Prof.□ Assistant Prof.□ Lecturer□ Ph. D □ Master □ Others □ | | | | |
| \*City: | \*State/Province: | | | |
| \*Country: | \*ZIP/Post Code: | | | |
| \*Tel.: | \*E-mail: | | | Fax: |
| Student ID Number: | | | | |
| \*Paper Title: \*\*Note: Presenter should fill this line | | | | |
| \*Paper Authors: \*\*Note: Presenter should fill this line | | | | |
| \*Paper Pages: | | Additional Page: | | |
| Special dietary:  Diabetic □ Vegetarian □ Muslim □ Other □ (please specify: ) | | | | |

**2. CONFERENCE FEES (BY US DOLLAR) \*\*\***

|  |  |
| --- | --- |
| Category | Regular Registration |
| Listener | 350 USD |
| Extra Proceeding | 50 USD/ Per One |

\*Please note that the paid registration fee cannot be refund if you cannot participate in the conference.

**3 Payment Terms**

**A. Credit Card Online Payment linkage (USD & CNY)**

[**http://confsys.iconf.org/online-payment/18131**](http://confsys.iconf.org/online-payment/18131)

\*For USD payment, please make sure you have VISA or Master Card.

\*\*For Chinese Participants who have difficulty in paying in USD, CNY payment is also acceptable. You can use all Union Pay cards. But you should calculate the right amount by based on the current exchange rate and pay.

**Please fill in the E-mail and Confirmation Number you received after paying.**

|  |  |
| --- | --- |
| E-mail: | Order Confirmation Number: |

**B. Paypal**

|  |  |
| --- | --- |
| **Paypal Account:** | pay@academic.net |

\*Please kindly note that the bank will charge 30USD as handling fee for this payment method, please remember to pay correct amount while registration. For example, if your registration fee is 600USD according to above registration fee list, then you should pay 600USD+30USD=630USD in total.

Please fill in the following form to enable us to check payment status:

|  |  |
| --- | --- |
| Email for payment: |  |
| Transaction ID: |  |
| Payment date: |  |
| Payment amount: |  |

Thank you for your support to ICAMC, and please kindly read the following letter carefully:

|  |
| --- |
| Dear author,  Firstly, thank you very much for your attention and support to ICAMC.  Considering your personal and property safety, please pay attention to the following requirements:  **1** Please do **take the participant card with you** when you entering or leaving the meeting room and we suggest you could take it as well when you around the venue  **2** Please do **not lend** your participant card to unrelated people of the meeting.  **3** Please do **not enter** the meeting room **with** other unrelated people of the meeting. (If you go to the conference with your family member, please kindly get the permission from the conference staff, and they will give a participant card to them. Thank you for your cooperation.)  Please kindly note that we will not be responsible for any financial loss. Please take care of your belongings on your own. Thank you for your understanding.  We hope you could have a wonderful experience at the conference.  Thank you.  Yours sincerely,  Conference Organizing committee |