

TECHOWN REGISTRATION FORM

INTERNATIONAL CONFERENCE
web: www.techown.in

All questions and inquiries concerning registration and payment should be addressed to:
info@techown.in

Please complete this form and email a scanned copy to:
info@techown.in

Event Name	
Venue/Place of Event	
Date of Event	

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

Author's Full Name (Prof./Dr./Mr./Mrs.)		Highest Qualification	
Affiliation/Designation		Nationality	
Mailing Address		Age	
City, Zip, Country		Passport Number:	
Mobile(With Country code)		Email	
ACCEPTED PAPER INFORMATION	Paper ID: Title of the paper:		
Co-Author's Name & Designation	1.	2.	3. Guided by: Mail ID: Contact No: Affiliation:

PAYMENT INFORMATION

Total Amount (INR)	Bank Name	Remitter	Date	Ref. No
	For online transfer (Debit card/Credit card/Online Banking)	Order ID/Traction ID:		

Additional Information

- 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/Principal attending will attend the Event?_____(Y/N).

Photo Here

Declaration & Undertaking

1. I have not published this paper anywhere before
2. I will not cause or involve in any sort of violence or disturbance within and outside of the Conference/Event Venue.
3. TECHOWN has all rights reserved to shift the venue, rescheduling the date of the Event.
4. I do here by declare that all the information given by me is true and if at any moment it is Found to be wrong my registration for event will be cancelled by TECHOWN management.

Signature
Date: _____

(Author): _____

Remarks: _____

Note: Send the scan copy of this form to official mail Id of the conference.