



## AUTHOR REGISTRATION FORM

Call: +91 9952674437  
E-mail: [abstracts@iierd.org](mailto:abstracts@iierd.org)  
Website: [www.iierd.org](http://www.iierd.org)

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@iierd.org](mailto:abstracts@iierd.org)

Please complete this form and email a scanned copy to:  
[abstracts@iierd.org](mailto:abstracts@iierd.org)

Event Name	
Venue/Place of Event	
Date of Event	

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

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

### PAYMENT INFORMATION

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

**Note: It is mandatory to provide a scan copy of ID Proof / Passport along with this Registration form**

### 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).

### Declaration & Undertaking:

1. I agree to the cancellation and refund policy stated by IIERD and will communicate any requests in writing to [abstracts@iierd.org](mailto:abstracts@iierd.org)
2. I understand that IIERD is not responsible for my travel or accommodation arrangements and any losses due to changes in the event format, venue, or schedule.
3. I acknowledge that my registration is non-refundable but may be credited for another IIERD conference within one year, as per the policy.
4. I accept that IIERD reserves the right to conduct the conference in physical or virtual format, and no refund will be provided for such changes.
5. I confirm that I have read and agree to the terms and conditions on the IIERD website and will submit the registration form within 3 days of payment.

Signature (Author): \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_