

Conference Registration Form

All participants (author, co-author, families, and guests) are required to individually complete this registration form and **return it to rahmanh7@gmail.com by September 30, 2024 (OR Before).**

SECTION 1: CONTACT INFORMATION

TITLE	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other, specify:		
Full NAME		LAST NAME	
ADDRESS	MAIN TELEPHONE		
	WORK TELEPHONE (if different)		
CITY/Country	MOBILE PHONE		
COUNTRY	EMAIL		
PROFESSIONAL DETAILS	Designation:		
	Name of the Institution:		
	Address:		

SECTION 2: PAPER PRESENTATION

Category of Participation	<input type="checkbox"/> Paper Presenter <input type="checkbox"/> Professional <input type="checkbox"/> Family Members <input type="checkbox"/> Co-organizer <input type="checkbox"/> Co-author <input type="checkbox"/> Guest <input type="checkbox"/> Student <input type="checkbox"/> Chair/Co-chair
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Registration Fees: Please mention here the Paid Fees amount and add the payment receipt.

SECTION 3: PAYMENT INFORMATION

Bank Payment

A/C Name: CSWPDF Conference & Training Project
A/C No: 2581100013274
Bank Name: Dutch Bangla Bank Ltd.
Routing Number: 090263286
SWIFT Code: DBBLBDDH
Branch Code: 258
Branch Name: Mohammadpur, Dhaka-1207

(Please send a photo or scan copy of bank payment slip to rahmanh7@gmail.com) OR

Pay Via: BKash/Nagad Personal Mobile No: +8801712051203

(Please call before payment or confirm registration over phone).

Please write in the box and send the Fees Payment Copy if transaction held by Bank

Mode of Payment	Participation Category	Amount in BDT / USD
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Declaration: I hereby declare that the above information is true and accurate to the best of my knowledge.

Name & Signature		DATE:	
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