|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| British Association for American Studies **登録用紙** | | | | | | | | | | |
| CONFERENCE/EVENT REGISTRATION FORM | | | | | | | | | | |
| DATE of Event (DD/MM/YY): / / | | | PLACE OF EVENT | | | | | | | NAME OF EVENT |
| REGD. ID/PAPER ID. |  | | | | | | | **Instructions:**   1. All fields must be ***Paste your photo here*** filled in **English with *(Mandatory)* CAPITAL letters** only.   ***(Photo must match your passport or Govt.***   1. **All fields are *Issued ID card )***   **MANDATORY** to be  filled あなたの写真  **ADDITIONAL INFORMATION (Mandatory to fill all)**   * + Will you be present physically at the   event (Y/N).  F NEo. of persons attendin~~R~~g the event with you?(Including your Co-authors) .   * + Will your Guide/HOD/Principal be attending the Event? (Y/N).   + Total years of experience (if any, in the field of Academics or Industry) .   + Tell us how you came to know about this conference or event .   + Are you informed about all rules and regulations of WRFER for attending the conference and publishing the paper (Y/N).   + **This paper was guided by (Guide’s Information).**   Name  Affiliation Email Contact Number | | |
| PAPER TITLE  (NOT APPLICABLE FOR LISTNER  REGISTRATION) |  | | | | | | |
| NAME |  | | | | | | |
| **Highest Qualification** |  | | | | **Age** | |  |
| ©  **Affiliation/Designation** |  | | | | | | |
| **Nationality** |  | | | **Passport**  **Number** | |  | |
| **Mailing Address or Postal Address**  **(with country and PIN Code)** |  | | | | | | |
| **Mobile Number**  **(With Country code)**  **Or Whatapp Number** |  | | | | | | |
| **Email ID** |  | | | | | | |
| **Co Author Details** | **1.**  **2.**  **3.** | | | | | | |
|  | | | | | | | |
| **REGISTRATION DETAILS**  **Amount Transferred In USD / INR**  ⦿ **OFFLINE PAYMENT**  (Using NEFT/Cash deposit to our bank account/online third party  transfer) | | | | | | | |
|  | ***Declaration & Undertaking***   1. *I have not published this paper anywhere before and I am transferring the Copyright of my paper to WRFER.* 2. *I will not cause or be involved in any sort of violence or disturbance, within or outside of the Conference/Event Venue and during my travel to the venue in any Country during my Visa Period.* 3. *WRFER has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.* 4. *I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong, my registration for the event will be cancelled by WRFER and necessary action will be taken against me.* 5. *I have read all the rules and regulations at* [*http://wrfer.org/rulesregulations.php*](http://wrfer.org/rulesregulations.php) *and I agree.* 6. *WRFER is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.* | |
| Date of transfer(DD/MM/YY) | |  | | | | | |
| Your Bank Name & Address | |  | | | | | |
| Transaction ID | |  | | | | | |
| **OR**  ⦿ **ONLINE PAYMENT (Using Debt/Credit card or Net Banking)**  (Using online link provided at our website/acceptance letter) | | | | | | | |
| Date of Transfer(DD/MM/YY) | |  | | | | | |
| Order ID/Transaction ID: | |  | | | | | |
| Today’s Date: DD/ MM/ YYYY. | | | | | | | |
| SIGNATURES  Author Co-author (1) (2) (3)  *(Author’s Signature is mandatory only) Note: Send a Scanned copy of this filled up form to our official mail ID only Remarks if any \* All rights Reserved by WRFER* | | | | | | | | | | |

WR