

CONFERENCE/EVENT REGISTRATION FORM

DATE of Event (DD/MM/YY): ___/___/___

PLACE OF EVENT _____

NAME OF EVENT _____

REGD. ID/PAPER ID.			
PAPER TITLE (NOT APPLICABLE FOR LISTNER REGISTRATION)			
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Co Author Details		1. 2. 3.	

Instructions:

- All fields must be filled in **English with CAPITAL letters** only.
- All fields are **MANDATORY** to be filled

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ADDITIONAL INFORMATION (Mandatory to fill all)

- Will you be present physically at the event _____(Y/N).
- No. of persons attending 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).**

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- I have not published this paper anywhere before and I am transferring the Copyright of my paper to WRFER.
- 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.
- WRFER has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.
- 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.
- I have read all the rules and regulations at <http://wrfer.org/rulesregulations.php> and I agree.
- 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.

SIGNATURES

Author _____ Co-author (1) _____ (2) _____ (3) _____

(Author's Signature is mandatory only)

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