REGISTRATION FORM FOR ABSTRACT

NOTE: To avoid delays in registration, PLEASE RETURN the **Registration Form,**  **The Scanned Payment Proof Student ID (Only for Student)** to **iccbm@sciei.org.**

**Participant Information**

\*Compulsory items

|  |
| --- |
| \*Paper ID: paper ID |
| \*Paper Title: TITLE |
| \*Paper Authors: ABCDEFG |
| **\***Registrant Name: LI SI | Male□ Female□ |
| \*Prefix: PROF | \*A clear photo |
| \*Affiliation: CHENGFEI |
| Valid Shipping Address: JDKAJDKA;LSKDJF |
| \*Country:  | \*State/Province:  | \*City: |
| \*Tel.:  | \*ZIP/Post Code:  |
| \*E-mail: 41215451@2.COM | Student ID Number:  |
| \*Will you attend conference in person? y |
| **If no,** please enter the presenter’s name, affilaiation and countery: LI SI, CHENGFEI |
| Presentation Terms√: □ Online-oral presentation □ Onsite-oral presentation □ Onsite-poster presentation |
| Special dietary:Diabetic□ Vegetarian□ Muslim□ Other□ (please specify: ) |
| Physical requirements (if any): |
| How do you know our conference?Recommendation □: (Please specify: )Advertising Website □: (Please specify: ) |

**Note：**

1, Please take good care of your belongings on the conference site, so as to avoid the loss. [You will be held personally responsible for any loss for your belongings.](http://dict.cn/You%20will%20be%20held%20personally%20responsible%20for%20any%20loss%20or%20breakage_2E)

2, For participants’ safety and participation needs, please wear your name card on the conference site and no entrance in conference room for no-wearing name card participants. It is not allowed to bring unrelated people to conference room.

3. Please return your name card to us if you do not need it but do not litter it.

**Registration Fee**

|  |  |  |
| --- | --- | --- |
| **Registration Categories** | **Registration Fee** | **Your Choice**(Use Arabic Number) |
| Students & SCIEI Member  | 250 USD  |  |
| Non-Students  | 300 USD  |  |
| Group registration: please mail: iccbm@sciei.org |  |
| Total |  |

 \* Abstract is only for oral/poster presentation and will not get published.

\*\* A copy of the student ID is required to register with the student rate.

**Refund/Cancellation Policy**

If a registrant is unable to attend an event for any reason, they may ask the co-author or someone else for help and do the presentation for the registrant. But the registrant should send e-mail for both conference side and the person who will attend.

Written requests for cancellations must be sent to the Conference Secretary. The time would be counted by the refund requests being sent by registrant.

Three Months before conference date: 30USD handing fee would be charged

Two Months before conference date：Refundment of 50% for the registration fee you paid

One Month before conference date：Refundment of 70% for the registration fee you paid

Less Than One Month before conference date: **NO REFUND.**

**Personal Reason**

No refund or compensation on “personal reason” for the reason of no attending to the conference. Such as travel difficulties, visa problems, health issues, financial default etc.

**Force Majeure**

No refund or pay any compensation on “force majeure” for the reason of no attending to the conference.

Circumstances amounting to “force majeure” include any event which we could not, even with all due care, foresee or avoid. Such circumstances include the fire, flood, explosion, storm or other weather damage, break-in, criminal damage, riots or civil strife, industrial action, natural or nuclear disaster, fire, adverse weather conditions, war or threat of war, actual or threatened terrorist activity, epidemic and all similar situations beyond our control.

**Payment Terms**

* **Online Payment (**No handling fees**)**

 **Pay by link: https://www.zmeeting.org/online-payment/894919617**

**Please fill in the E-mail and Confirmation Number you received after paying.**

|  |
| --- |
| **Enter the Total Amount You Paid:**   |
| Email Address of the Payment  | Order Number  |

* **Bank Transfer** (30USD handling fees)

If you are not able to use the online payment system, please contact us for the account: iccbm@sciei.org.

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount** | **Remitter’s Name** | **Date**  | **Remitter’s A/C No.** |
|   |   |   |   |

* **PayPal** (30USD handling fees)

If you are not able to use the online payment system nor bank transfer, please use PayPal.

Please contact us for the account: iccbm@sciei.org

Please fill in the following form for us to check your payment

|  |  |
| --- | --- |
| Pay Date |   |
| Payment Order No. |   |
| Payer’s Name |   |
| PayPal Amount: |   |
| PayPal Account: |  |