**Registration Form**

(Please insert √ mark to the relevant box)

**General Information**

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| **Name \***(Which will appeared on the certificate) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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\*N.B: Only the registered authors will be issued the certificates. Please see the web for more details.

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| **Gender**  | Male |  |
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| **Research Area** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Name of the Institution**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Contact Number** |  |  |  |  |  |  |  |  |  |  |

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| **Country of the Institution** |  |  |  |  |  |  |  |  |  |  |

**Author /Co-Author Registration please insert √ mark**

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| Author (International) |  |
| Author (Local)  |  |
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| **Enter your paper ID**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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\* NB: If you have two or more accepted papers please enter all paper IDs in this box.

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| **Enter the full title/s of your submission/s** |  |
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**Registration Confirmation**

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| **Currency Unit** | LKR |  |
| USD |  |

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| I have already transferred the registration fee (Paid by Cash) |  |

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| **Date of Payment** | DD/MM/YYYY |  |  |  |  |  |  |  |  |  |  |