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Event Name	<b>International Conference on Recent Advances in Health and Medical Science (ICRAMHS)</b>
Venue/Place of Event	Lae, Papua New Guinea
Date of Event	23rd - 24th Apr 2020

**KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT**

Author's Full Name (Prof./Dr./Mr./Mrs.)			Highest Qualification		
Affiliation/Designation				Nationality	
Mailing Address				Age	
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Mobile(With Country code)/ or <b>Whatsapp Number</b>			Email ID		
ACCEPTED PAPER INFORMATION	<b>Paper ID:</b> <b>Title of the paper:</b>				
Co-Author's Name & Designation	1.	2.	3.	Guided by: Mail ID: Contact No: Affiliation:	

**PAYMENT INFORMATION**

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**ADDITIONAL INFORMATION**

- ☉ Will you present physically at the event \_\_\_\_\_(Y/N).
- ☉ No. of persons attending the event with you? (Including your Co-authors)\_\_\_\_\_.
- ☉ Will your Guide/HOD/Principal attending will attend the Event? \_\_\_\_\_(Y/N).
- ☉ Total years of Experience (if any Academic and Industry) \_\_\_\_\_.
- ☉ Do you authorize us to forward your paper for **Publication in International Journals** after Conference: \_\_\_\_\_(Y/N).

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1. I and my Co-authors have not published this paper anywhere before and I am transferring the Copyright of this on the behalf of me and my Co-authors to ICRAHMS for publication in Proceeding (Online and Book format and Intl. Journal after Conference.
2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.
3. ICRAHMS has all rights reserved to shift the venue, rescheduling the date of the Event at any time.
4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by ICRAHMS and take necessary action against me.



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**Remarks:** \_\_\_\_\_