



## Conference Registration Form

Title: .....

Surname: .....

First Name: .....

Affiliation: .....

.....

ICoRD '17 Submission ID (if applicable): .....

Email id: .....

Mailing Address:

.....

.....

.....

Country: .....

Post/Zip Code: .....

Phone: ..... Fax: .....

[Please ✓ ]

Are you going to attend the conference? **Yes / No**

Category of registration: **Academic / Government Inst. / Industry / Student**

Category of affiliation: **Indian / SAARC country / International**

Are you a member of Design Society or Design research society? **Yes / No**

If yes, membership details: .....

Number of pages in conference paper: **less than 10** / **10** / **11** / **12**  
Please note the charges mentioned on the website for extra pages.

Do you need campus accommodation? **Yes** / **No**  
Please note the details of accommodation on the website

**Payment:**

Total amount paid: .....

Select the mode of the payment of registration fees:

**Demand Draft/ Institutional Cheque**  
[Cheque/Draft Number: ..... Date: ..... ]

**Wire Transfer**  
[Remitter Bank: ..... Date: ..... ]

**Online transfer**  
[Remitter Bank: .....

Remitter's Account name: ..... Date: .....]

Signature of Participant

Date:  
Place: