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| **REGISTRATION FORM – INTERNATIONAL PARTICIPANTS** |

**Instructions**. Mark boxes with a check (**🗸**). Information written in this form will be used for the Conference ID and certificates. Use one form for every participant. Forms must be sent to our email (**rsce2018.dlsu@gmail.com**) on or before **15 October 2018**.

1. **Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category: |  | Presenter |  |  | Participant (Non-Presenter) |  | Steering Committee Member |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title: |  | Mr. |  |  | Ms. |  |  | Engr. |  |  | Dr. |  |  | Prof. |  |
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|  |  |  |  |  |  |  |
| **Complete Name:** |  |  |  |  |  |  |
| Family/Last Name |  | First/Given Name |  | Middle Name |  |
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| **Affiliation:**  |  |  |  |
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| **Position/Designation:** |  |  |  |
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| **Organization/University/****Institution/Company Address:** |  |  |  |
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|  | **Mobile No. :** |  |  | **Email Address:** |  |  |
|  |  |  |  |  |  |
| **Fax No:** |  |  | **Country of Origin:** |  |  |
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1. **Delegate Category Registration Fee**

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| --- | --- | --- | --- |
| **Origin** | **Delegation** | **Fee** | **Check one** |
|  |  |  |  |
| Foreign | Regular | USD 400 |  |
| Student | USD 300 |  |
| Regular (Co-author) | USD 300 |  |
| Student (Co-author) | USD 250 |  |
| Steering Committee | **Waived** |  |

1. **Special Dietary Requirement**

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| --- | --- | --- | --- | --- | --- |
| No restriction |  |  |  |  |  |
| Halal |  |  |  |  |  |
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| **Other requirements** (*please provide specific details*) |

1. **RSCE 2018 Paper Presentation *-- For Presenters Only***

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| --- | --- | --- | --- | --- |
| **Paper Submission** | **Paper Code** | **Presentation and** **MATEC Publication Fee** | **Indicate if POSTER/ORAL presentation** | **Check if to be published in MATEC Web of Conferences**  |
|  |  |  |  |  |
| Paper 1 |  | Included in Registration Fee |  |  |
| Paper 2 |  | + USD 150 |  |  |
| Paper 3 |  | + USD 150 |  |  |

1. **Special Request on Certificates and Related Matters**

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1. **Mode of Payment**

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|  |  | **On-site Payment** |
|  |  | 1. Official receipts will be issued upon payment.
2. For students, please bring appropriate identification such as school ID, proof of enrolment, etc.
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|  |  | **Advance Payment (Cash or Check Deposit)** |
|  |  | Important: 1. Please indicate the full name of the participant(s) at the back of the deposit slip or check.
2. Send the scanned front and back pages of the deposit slip or check to **rsce2018.dlsu@gmail.com** on or before **15 October 2018.**
3. All bank charges should be shouldered by the participants.
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| ***Bank Details*** |
| Bank : **United Coconut Planters Bank** | Dollar Acct No : **01-120-300035-8** |
| Account Name: **De La Salle University** | Swift Code: **UCPBPHMM** |
| Address: **Upper Ground Floor, Plaza Torre Lorenzo, Taft Ave cor. P. Ocampo St. Malate, Manila 1004, Philippines** |