EASRD
European Association for Science, Research and Devlopment

Registration Form for Authors and Co-authors

Conference Name	
Venue/Place of Conference	
Date of Conference	

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(the photo should match your Passport)

REGISTRATION FORM

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Affiliation/Designation			
Mailing Address			
City, Zip, Country		Passport Number:	
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ACCEPTED PAPER INFORMATION	**EASRD Paper ID:** (Given in the Acceptance Letter) Title of the paper:		

Co-Author's Name & Designation	1.	2.	3.	Guided by: Mail ID: Contact No: Affiliation:

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*Note: It is mandatory to provide a scan copy of **ID Proof /Passport** along with this Registration form*

ADDITIONAL INFORMATION

- Will you present physically at the event_____(Y/N).
- No. of Persons attending the event with you?(Including your Co-authors)_____.

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