

**Venue: Institute of Clinical Psychology ,University of Management & Technology C-II, Johar Town, Lahore**

**Conference Registration Form**

|  |  |  |  |  |  |
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| **Section I: Personal Information** | | | | | |
| First Name | |  | Surname | |  |
| Address | |  | Preferred phone# | |  |
|  | |  | Alternative (If Any) | |  |
|  | |  | Cell Phone Number | |  |
| Town/City | |  | Country | |  |
| Post Code | |  |  | |  |
| Email Address | |  | Alternative Email Id | |  |
| Affialiation | |  | Institute /University | |  |
| How you hear about the conference? | | | ****Direct Email **** Website **** Others(Social Media**)** | | |
| **Section II: participation information** | | | | | |
| Mode of Participation | | **** Paper Presentation **** Participation/Observation  **** Workshop **** Poster | | | |
| How many papers you are going to present? Please specify . | | | | | **** 1 **** 2 **** 3 |
| Do you have any preference of paper presentation date? If yes, please specify. | | | | |  |
|  |
| Do you want your paper to be included in the conference proceedings?  If yes, Please choose what you want to be included in the proceedings? | | | | | **** Yes  No |
| ****Abstract **** Full Paper |
| **Section III: Payment Information** | | | | | |
| **Local Transfer** | **Registration Fee** | | | **Umt Account Details** | |
| **Pay to**: University of Management and Technology , LHR | ** Preconfrence Workshop 2000/-**  **E**  **D**  **C**  **B**  **A**  **Select one: A B** | | | **Bank Name:** Habib Bank  **Account Title:** University Of Management And Technology  **AccountNumber:**10257900316703  **Branch Code:**1025  **IBAN No**:   IBAN PK46 HABB 0010257900316703  **Bank Address :**   Fortress Stadium Branch Lahore-Pakistan | |
| Online Deposit Slip No. | **Conference Fee for students 1500/-** | | |
|  | ** Conference Fee (Professionals) 2000/-** | | |
| Date of transfer |  | | |
| Declaration: I understand that the registration fee is non-refundable. | | | | | |
| Signature | | | | | Date |