

**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 |