

CCIT-2019 – REGISTRATION FORM

(Each Paper should be registered separately by at least one author; Use 'X' to mark any field)

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Nationa	lity					[Photo]
Current	ly residing at (Country)					
Category of Registration			Author		Co-Author	Listener
Contact	Number					
Fax (Op	tional)					
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B. Offici	al Details					
Official Address		Person	al Address			
Name o	f the Institution/Organization					
1)Paper	ID					
2)Title o	of the paper					
3)IRED Member			Yes			
			No			
4)=						
4)Total Number Of Pages*			ŭ			In Words
5)Re-Confirm your presence in presentation			YES	NO		
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1.	Registration Fees Paid		US\$			
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1)Total Fees Transferred			US\$			
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I hereby declare that all the statements made in the CCIT 2019 Registration Form are true to the best of my knowledge and belief. I understand and agree that, if any wrong information found in this form then this registration form may be cancelled, and the paper may be removed from the conference proceedings and SEEK Digital Library without any notice.

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