**Conference Registration Form**

NOTE: Please make sure to submit these documents to conference secretary (secretary@health-informatics-computing.com).

1. Final paper (doc. **and** pdf.) 2. Completed registration form 3. Payment proof

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| **PERSONAL DETAILS** (\*required) |
| \*Title | Prof. □ | Assoc. Prof. □ | Asst. Prof. □ | Photo Here |
| Dr. □ | Mr. □ | Ms. □ |
| Lecturer □ | Ph.D. Candidate □ | Postgraduate □ |
| \*Name |  |
| \*Affiliation |  |
| \*Nationality |  |
| \*Phone Number |  |
| \*Email |  |
| \*Emergency Contact(Second author) | (Name & Mobile) |
| Postal Address |  |
| Catering(Onsite Conference)(Dec. 17)√ | Lunch □ | Dinner □ |
| Special dietary√ | Diabetic □ | Vegetarian □ | Halal food □ | Other □please specify: |
| Special requirements(if any) |  |
| **PAPER INFORMATION** |
| \*Paper ID |  | \*Paper Pages |  | \*Additional Page |  |
| \*Paper Tile |  |
| \*Authors |   |
| \*Will you attend the conference  | Yes □ | No □ |
| \*Presentation Type√ | Oral □ | Poster □ | Pre-recorded Video □ | Live Video □ |
| Student ID No. (student only) |  |
| \*Receipt Issued to (usually refers to the person who paid the fee or the organization which will sponsor you to attend conference. If you will use the receipt for reimbursement purpose, we advise you to put your organization/company/affiliation name below): |