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| Registration Form |
| Manuscript Title |  |
| Presenter/Participant Personal Information |
| Title | Rev. Prof. Dr. Mr. Ms. |
| First Name |  |
| Last Name |  |
| Preferred Name for Tag |  |
| Affiliation |  |
| Address |
| Town/ City |  | Zip/Postal Code |  |
| Country |  | Email |  |
| Contact No |  | Fax No |  |
| Payment Information |
| Registration Fee |  |
| Registration Type  | Presenter Participant |
| Date of Payment |  |
| Name of the Bank |  |

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| *PaperID* |  |

*For office use only*

Please return the completed registration form with the scanned copy of the bank receipt to icme@mgt.ruh.ac.lk (Coordinator ICME 2018, Faculty of Management and Finance, University of Ruhuna, Matara, Sri Lanka).

I hereby authorize the editor of the ICME to make required formatting changes as well as language adjustments to my manuscript.

Date ……………… Signature………………

**Please confirm your participation and meal preference**

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| 06th September 2018 |
|  | **Participation** | **Meal preferences** |
| **Vegetarian** | **Non-Vegetarian** |
| Refreshment |  |  |  |
| Lunch |  |  |  |
| Evening Tea |  |  |  |
| Conference Dinner |  |  |  |