

## REGISTRATION FORM

Mr / Ms / Dr / Prof

**FIRST NAME**  **LAST NAME**   
**TITLE OF THE PAPER**   
**AFFILIATION**   
**ADDRESS**   
 **POSTCODE**   
**COUNTRY**  **MOBILE PHONE**   
**EMAIL**

**REGISTRATION FEE (Includes registration kit and food)**

Please

<b>INTERNATIONAL</b>	Before 30 <sup>th</sup> September 2015	Non-Student	MYR 1350	
		Student	MYR 855	
		Accompanying person	MYR 760	
	After 30 <sup>th</sup> September 2015	Non-Student	MYR 1500	
		Student	MYR 950	
		Accompanying person	MYR 800	
<b>DOMESTIC (Malaysia/Indonesia)</b>	Before 30 <sup>th</sup> September 2015	Non-Student	MYR 1350	
		Student	MYR 855	
		Accompanying person	MYR 760	
	After 30 <sup>th</sup> September 2015	Non-Student	MYR 1500	
		Student	MYR 950	
		Accompanying person	MYR 800	

**PAYMENT**

**Account Number** : 556235304266

**Name of the Account Holder** : Bendahari UMP

**Bank** : MALAYAN BANKING BERHAD (MAYBANK)

**Swift Code** : MBBEMYKL

**Address** : Malayan Banking Berhad, Cawangan Pekan 96, Jalan Sultan Abdullah, 26600 Pekan, Pahang, MALAYSIA.

\*\*Please email this form, duly filled in along with fee payment receipt to [imec2015@ump.edu.my](mailto:imec2015@ump.edu.my)

**Fee payment receipt/Reference number**

**AUTHORISATION**

By signing here, I agree to participate in the joint conference of **iMEC2015 & APCOMS 2015** and I understand that the fee is non-refundable in any circumstances.

**Signature**

**Date:**