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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](mailto: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 |  |  |  |