



Conference Registration

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Abstract Information

Paper Number:

Title:

Corresponding author:

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Address:

Country:

Author (3):

Address:

Country:

Author (4):

Address:

Country:

Author (5):

Address:

Country:

Provide additional authors' name(s) and address(es) here

Attendee Information

Name (*presenting author*):

Email:

Address:

Country:

Registration Type

- ☐ Regular
- ☐ Student

Mode of Payment

For bank transfer, pay to: CCPE, A/C No: 032-008335-8, DBS Bank, **Swift: DBSSSGSG**

- ☐ Bank transfer
- ☐ Credit card

Receipt number: