**Registration Form**

Participant Information

\*Compulsory items

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***Registrant Name: | | | | | Male□ Female□ |
| \*Prefix: | | | | | \*A clear photo |
| \*Affiliation: | | | | |
| \*Valid Shipping Address: | | | | |
| \*Country: | \*State/Province: | | \*City: | |
| \*Tel.: | | \*ZIP/Post Code: | | |
| \*E-mail: | | | | Student ID Number: | |
| \*Will you attend conference in person or online? Yes, in person / No, online. | | | | | |
| \*Presenter’s name: | | | | | |
| Special dietary:  Diabetic□ Vegetarian□ Muslim□ Other□ (please specify: ) | | | | | |
| ★**Call For Reviewers/Reviewer Recommendation (if any):**  We need a constant supply of new peer reviewers (Prof. /Assoc. Prof. /Asst. Prof. /Dr. are preferred). If you would like to volunteer or recommend related scholars, please fill in the following info and we will follow up with it.  Full Name + Organization + Position (Prof. /Assoc. Prof./ Asst. Prof. / Dr.):  Research Interests:  Email: | | | | | |

Conference Fees

|  |  |  |
| --- | --- | --- |
|  | **STUDENTS** | ***Draw an √ where appropriate*** |
| Delegate – Student | 300 USD |  |
| Delegate – Committee/Reviewer | 320 USD |  |
| Delegate – Regular | 350 USD |  |
| Extra Proceedings - hard copy | 100 USD |  |
| One day tour | 120 USD |  |
| **Total** |  | |

NOTE:

**\*Delegate** Participating in the conference only with neither presentation nor paper publication.

\* The registration fee cannot be refunded due to any reasons caused by conference participants, such as, visa, etc.

\* The organizing committees reserves the right to change the dates and place of the conference due to force majeure.

\*Refund policy: <http://www.icmmm.org/registration.html>

Payment Terms

* **Credit Card:** <http://confsys.iconf.org/online-payment/890003173>

Please fill in the E-mail and Confirmation Number after paying. No handling fee.

|  |  |
| --- | --- |
| Email Address of the Payment | Order ID |
| **Total Amount You Paid:** | |

* **Bank Tranfer:**

|  |
| --- |
| Account Name: IACT  Account Number: 3250-3301-2737  Name of Bank: Bank of America  Bank Address: 444 Garey Ave, Pomona, CA 91766  SWIFT Code: BOFAUS3N  Routing number: 026009593  beneficiary address: 95 Shaddy Wood, Irvine, CA, USA |

* **Paypal:** [**pay@academic.net**](mailto:pay@academic.net)

|  |  |
| --- | --- |
| **Paypal E-mail Address:** | **Paid Date: DD/MM/YY** |
| **Paid Amount:** | |

**Note:**

1. Registration can only be confirmed when payment proof has been received.
2. All participants should prepare visa, air tickets, room reservation and other matters by themselves before the conference.
3. The registration fee cannot be refunded if participants cannot attend the conference due to personal reasons, such as, visa, etc.

Please send a filled registration form (.doc format), payment proof (.jpg) and scanned of the student’s card (.pdf format, for student register) to [icmmm@zhconf.ac.cn](mailto:icmmm@zhconf.ac.cn) before June 1, 2024.

**ICMMM 2024 Organizing Committees**

[https://www.icmmm.org/](https://www.icmmm.org/index.html)

Warsaw, Poland