**Conference Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Conference Name:** |  | | | |
| **Conference Dates:** | From: | [DD/MM/YYYY] | To: | [DD/MM/YYYY] |
| **Conference Location:** |  | | | |

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Job Title/Position:** |  | **Organization/Company:** |  |
| **Mailing Address:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **City:** |  | **State/Province:** |  |
| **Postal/Zip Code:** |  | **Country:** |  |
| **Phone Number:** |  | **Email Address:** |  |

**Registration Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Type:** | Early Bird (Before \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_) | Regular | Late/On-site |
| **Registration Fee:** | Full Conference: $[amount] | Single Day: $[amount] | Day 1 |
| Day 2 |
| Day 3 |
| **Student: $\_\_\_\_\_\_\_\_\_\_\_\_ (Proof of student status required)** | | | |
| **Workshops (if applicable):** | Workshop 1: $\_\_\_\_\_\_\_\_\_\_\_\_ | Workshop 2: $\_\_\_\_\_\_\_\_\_\_\_\_ | Workshop 3: $\_\_\_\_\_\_\_\_\_\_\_\_ |

**Special Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dietary Restrictions:** | Vegetarian | Vegan | Gluten-Free | Allergies (Please specify): |

**Accessibility Needs:**

|  |
| --- |
|  |

**Accommodation Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you need assistance with accommodation?** | | Yes | No |
| **Preferred Hotel:** |  | | |
| **Check-in Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | (DD/MM/YYYY | |
| **Check-out Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | (DD/MM/YYYY) | |

**Payment Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Amount Due:** $\_\_\_\_\_\_\_\_\_\_\_\_ | | | [amount in words] | |
| **Payment Method:** | Credit Card | Debit Card | Bank Transfer | Check |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Credit/Debit Card Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cardholder Name:** |  | | |
| **Card Number:** |  | Expiration Date: | (MM/YY) |
| **CVV:** |  |  |  |

**Billing Address (if different from above):**

|  |  |  |  |
| --- | --- | --- | --- |
| **City:** |  | **State/Province:** |  |
| **Postal/Zip Code:** |  | **Country:** |  |
| **Phone Number:** |  | **Email Address:** |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Relationship to Attendee:** |  | **Phone & Email Address:** |  |

**Terms and Conditions**

By submitting this form, you agree to the terms and conditions of the conference, including cancellation policies and data protection guidelines.

* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY)

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Received By:** | [Name[ | | |
| **Date Received:** | (DD/MM/YYYY) | | |
| **Payment Processed By:** |  | **Date Processed:** | DD/MM/YYYY) |
| **Registration Confirmation Sent:** | | DD/MM/YYYY) | |