**Registration Form of ICMT 2020**

**(Abstract for Presentation only)**

January 17-20, 2020

Seattle, WA, USA

[www.icmt.org](http://www.icmt.org/)

Please note that it is essential for all participants to send in a completed **Registration Form(doc), Final Abstract (doc) and Payment Voucher (jpg)** to [icmt@saise.org](mailto:icmt@saise.org) before **October 10, 2019**.

**\*All the items below with \* in front are must-fill items**

**\*\*Invoice title usually refers to the person who paid the fee or the organization which will sponsor you to attend conference. If you will use the receipt for reimbursement purpose, we suggest you to put your organization/company/affiliation name on this line.**

**1. Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Your Name: | | | \*Family Name: | |
| \*Position: Prof. □ Assoc. Prof. □ Asst. Prof. □ Dr. □ Mr. □ Ms. □ | | | | |
| \* Whether attend the conference:  YES □  NO □  \*Participant’s Full Name:   * All the materials of participation will be prepared under this name, One registration invite one author to come * Any changes, please inform us 30 days before the conference, or the participant should be responsible for the consequences. | | | | One-inch-Photo here |
| \*Participant’s Affiliation (Organization or University): | | | | |
| \*Whether join in the One Day Tour (**Extra Payment**) on January 20, 2020 (**N/A-To be announced in Dec.**):  Yes □ The Attendee’s name:  No □ | | | | |
| \*Invoice Title (发票抬头): | | | | |
| \*City: | \*State/Province: | | | |
| \*Country: | \*ZIP/Post Code: | | | |
| \*Tel.: | \*E-mail: | | | Fax: |
| Student ID Number: | | | | |
| SAISE Membership Number: | | | | |
| Paper ID: | | | | |
| \*Paper Title: \*\*Note: Presenter should fill this line | | | | |
| \*Paper Authors: \*\*Note: Presenter should fill this line | | | | |
| \*Paper Pages: | | Additional Page: | | |
| Special dietary:  Diabetic □ Vegetarian □ Muslim □ Other □ (please specify: ) | | | | |

**2. CONFERENCE FEES (BY US DOLLAR) \*\*\***

|  |  |  |
| --- | --- | --- |
| **Categories** | **Early Bird**  Before Oct. 10th, 2019 | **Regular Registration**  After Oct. 10th, 2019 |
| Oral Presentation Only | 380 USD | 400 USD |
| One-day Tour | N/A | To be announced in Dec. |

**\*Please note that the paid registration fee cannot be refund if you cannot participate in the conference.**

**3 Payment Terms**

**A. Credit Card Online Payment linkage (USD & CNY)**

[**http://confsys.iconf.org/online-payment/18131**](http://confsys.iconf.org/online-payment/18131)

**\*For USD payment, please make sure you have VISA or Master Card.**

**\*\*For Chinese Participants who have difficulty in paying in USD, CNY payment is also acceptable. You can use all Union Pay cards. But you should calculate the right amount by based on the current exchange rate and pay.**

**Please fill in the E-mail and Confirmation Number you received after paying.**

|  |  |
| --- | --- |
| E-mail: | Order Confirmation Number: |

**B. Paypal**

|  |  |
| --- | --- |
| **Paypal Account:** | **pay@academic.net** |

**\*Please kindly note that the bank will charge 30USD as handling fee for this payment method, please remember to pay correct amount while registration. For example, if your registration fee is 600USD according to above registration fee list, then you should pay 600USD+30USD=630USD in total.**

**Please fill in the following form to enable us to check payment status:**

|  |  |
| --- | --- |
| Email for payment: |  |
| Transaction ID: |  |
| Payment date: |  |
| Payment amount: |  |

**Reminder**

* **For your property safe, please take good care of your valuables during the entire conference.**



* **The conference organizer does not assume any responsibility for your personal losses.**
* **For personal and property safety of delegates, please wear the conference Representative Card when enter and exit the venue. And wear it near the conference venue. Do not lend your card to someone unrelated to the conference. Do not bring unrelated people into the venue.**

