

Registration form

Title (Mr/Ms/Mrs/Prof/Dr): _____

First Name: _____ Last Name: _____

Paper ID (e.g., IJOER-JAN-2015-10) _____

Institution: _____

Correspondence Address: _____

City: _____ State: _____ Pin Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Registration Fees

Type	Indian Authors	Foreign Authors
Academic Faculty/ Others	3000 INR	100 USD
Students (B.Tech./ M.Tech./ M.Sc./ MCA etc)	2000 INR	75 USD
Members	1000 INR	50 USD

Date: _____ Author's Signature: _____

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