

3rd International Conference on Infectious Diseases & Nanomedicine-2020

[ICIDN-2020]

December 15-18, 2020, Kathmandu, NEPAL

REGISTRATION FORM

Title: Prof. / Dr. / Mr. /Ms. (please mark as appropriate)

First name: _____ Middle name: _____ Surname: _____

Affiliation: _____

Mailing address: home / Office (please mark as appropriate)

Street, City: _____ Post code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Date of birth: _____ / _____ / _____ Gender: _____ Nationality: _____
D M Y

Passport No.: _____

Please mark as appropriate:

I plan to attend the conference.

I plan to attend the conference and present paper in oral poster session.

Title of the paper: _____

Theme area : (please refer to 'Call for Abstract' page of www.icidn-nepal.com for thematic area of your paper)

ACCOMPANYING PERSONS (if any):

	<i>First name</i>	<i>Middle name</i>	<i>Surname</i>	<i>Nationality</i>	<i>Date of birth (D/M/Y)</i>
1. Mr. / Ms.	_____	_____	_____	_____	____/____/____
2. Mr./Ms.	_____	_____	_____	_____	____/____/____
3. Mr./ Ms.	_____	_____	_____	_____	____/____/____

ACCOMMODATIONS (if required):

Duration of your stay: _____

Preferred Hotel: Congress Center/ Other hotel

Type of room: Single Double

Total No. of room required: _____

REGISTRATION FEES:

Payment method: Bank Transfer/Wire Transfer/Cash/Check/Others (please specify) _____

Registration fees paid: _____ Payment for accompanying person (if any): _____

Total amount paid: _____ (in words): _____

Date: _____

Signature: _____

Please fill this form and mail to ICIDN-2020 Secretariat, P.O. Box 24411, Kathmandu, Nepal or email to icidn2020@gmail.com with the Subject line: 'Registration for ICIDN-2020' by **November 15, 2020**.