

ICIST 2016 Participant Registration Form



International Conference on Information Systems and Technology

Name : (Participant only)

Department/Faculty :

School/University/Company :

Address :

Postal Code :

State :

Country :

E-mail :

Receipt Number :

Date of Payment :

Amount Paid :

Paid in :

Other Info : (Such as Name of the Bank, Place, etc.

Number of Participant

**This form is designed for ICIST participant registration. Author does not need to fill the form.*