



**ARSYM FBSF 2017- REGISTRATION FORM**

*Please fill this form and email to [arsymreg@wyb.ac.lk](mailto:arsymreg@wyb.ac.lk) and confirm your participation on or before 02<sup>nd</sup> of June 2017.*

**1. Personal details :** [Please tick (√) as appropriate]\*

1	Title	Rev. <input type="checkbox"/>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
2	Name with Initials					
3	Institutional Affiliation					
4	Institutional Address					
5	Contact Number					
6	E-mail					
7	Personal Address					
8	Abstract ID					
9	Title of the Abstract					
10	Name of the Co- Author (if any)					

\* Please note that the details given here (e.g. your name and the institution) will be used to make your conference badge.

**2. Registration Category :** [Please tick (√) as appropriate]

Undergraduate	<input type="checkbox"/>
Academic	<input type="checkbox"/>
Industry Professionals	<input type="checkbox"/>

**3. Meal preferences :** [Please tick (√) as appropriate]

Chicken <input type="checkbox"/>	Fish <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
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**THANK YOU**