

* **Registration Form**e-mail: icphphhm@bioleagues.com

web: https://bioleagues.com/public-health-conference/

*Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN. Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.*

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| *All questions and inquiries concerning registration.**and payment should be addressed to*: icphphhm@bioleagues.com  | *Please complete this form and email a scanned copy to:* icphphhm@bioleagues.com |

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| Event Name |  |
| Venue/Place of Event |  |
| Date of Event |  |

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| PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT |
| Full Name |  | Highest Qualification |  |
| Affiliation/Designation |  |
| Mailing Address |  |
| City, Zip, Country |  | Passport Number: |
| Mobile (With Country code) |  | Email |  |
| ACCEPTED PAPER INFORMATION | **Paper ID:**  Title of the paper: Author’s Name:  |
| Co-Author’s Name & Designation |  | 2. | 3. | Guided by:Mail ID:Contact No:Affiliation: |

**PAYMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Amount (USD) | Bank Name | Remitter | Date | Ref. No |
|  |  |  |  |  |
| **For online transfer(Debt card/Credit card/Online Banking)** | **Order ID/Traction ID:** |

***Note: It is mandatory to provide a scan copy of ID Proof /Passport along with this Registration form***

**ADDITIONAL INFORMATION**

* Will you present physically at the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N).

Photo Here
(the photo should match your Passport)

* No. of Persons attending the event with you? (Including your Co-authors)\_\_\_\_\_\_.
* Will your Guide/HOD/Principal attending will attend the Event? \_\_\_\_\_\_\_\_\_(Y/N).

**Declaration & Undertaking**

*1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to ICPHPHHM’25*

*2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.*

*3. ICPHPHHM’25 has all rights reserved to shift the venue, rescheduling the date of the Event.*

*4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by ICPHPHHM’25and take necessary action against me.*

*5. ICPHPHHM’25 is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.*

Signature (Author): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_