**Participant Registration Form**

(Please insert √ mark to the relevant box)

**General Information**

|  |  |
| --- | --- |
| **Full Name**(Which will be appeared in the e-certificate) |  |

**Note:** Only the registered participants will be issued e-certificates.

|  |  |
| --- | --- |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Name of the Institution/ Organisation and Address**  |  |

|  |  |
| --- | --- |
| **Contact Number** |  |

**Registration Details**

Please see the registration details at <https://www.sab.ac.lk/mgmt/icmr/registration.html> You are asked to make a payment before completing this form. Please submit the completed **registration form** along with the **payment documents** (Scanned copy of the payment slip if it is a bank deposit/transfer) to icmr2021@mgt.sab.ac.lk on or before 05th December 2021. We will send the joining link for the sessions just after receiving this registration form.

**Payment Confirmation**

|  |  |
| --- | --- |
| Please indicate the payment method: Online Payment Gateway / Bank Transfer / Bank Deposit/ SWIFT Transfer | ……………….. |

If the payment is made through the online payment gateway, please state the following.

Reference Number ……………………

Date of Payment……………………….