



# 5<sup>th</sup> International Conference of Islamic Studies Family System and Contemporary Challenges Registration Form for Presenter



Title	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Name			
Affiliation			
Contact #			
Email Address			
<b>Paper Information</b>			
Title of Paper			
Authors			
<b>Co-Authors Details (if Any)</b>			
Sr. No	Name	Contact	Email
1.			
2.			
<b>Payment Information</b>			
Reference No/ID			
Amount			
Date			
CNIC / Passport No.			
Please Register For : Presenter Physical (Local). <input type="checkbox"/> Presenter Physical (International). <input type="checkbox"/> Riphah Student/ Faculty. <input type="checkbox"/> Presenter Online (Local) . <input type="checkbox"/> Presenter Online (International). <input type="checkbox"/>			
<b>Conference Fee Details</b>			
Presenter Local	Fee: 3,000 Pkr	Late Fee: 4,000 Pkr	
Presenter International	Fee: 50 \$	Late Fee: 70 \$	
Presenter Online Local	Fee: 2,000 Pkr	Late Fee: 2,500 Pkr	
Presenter Online International	Fee: 30 \$	Late Fee: 50 \$	
Presenter Riphah Student/ Faculty	Fee: 2,000 Pkr	Late Fee: 3,000 Pkr	
<b>Signatures</b>			
Author:			
Co-Author:	1. <input type="text"/>	2. <input type="text"/>	

## **Declaration:**

1. I have not published this paper anywhere before.
2. I will not cause or involve in any sort of violence or disturbance within the campus premises.
3. I and all my Co-authors have provided original identity inside the Paper.
4. I do hereby 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 Management.

**Note:** Please send scanned copy of this registration form filled along with bank invoice on payment.icis@riphah.edu.pk