**Registration Form**

17-19 October, 2025 | Chengdu, China

**NOTE:** To avoid delays in registration, please read the entire form carefully. You may submit your completed Registration Form (docx.) and Proof of Payment to icsgce\_conf@126.com**.** Please submit one form for each participant.

Participant Information

\*Compulsory items

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***Registrant Name: | | | | | Male□ Female□ |
| \*Prefix: | | | | | \*A clear photo |
| \*Affiliation: | | | | |
| \*Valid Shipping Address: | | | | |
| \*Country: | \*State/Province: | | \*City: | |
| \*Tel.: | | \*ZIP/Post Code: | | |
| \*E-mail: | | | | Student ID Number: | |
| Please enter the attendee’s name: | | | | | |
| Special dietary:  Diabetic□ Vegetarian□ Muslim□ Other□ (please specify: ) | | | | | |
| Invoice/Receipt Info: | | | | | |

Conference Fees

|  |  |  |
| --- | --- | --- |
| **Types** | **Registration**  **On/Before 30 June** | **Registration**  **After 30 June** |
| Delegate | $250/¥1700 | $280/¥1900 |
| Conf. Proceedings (Printed copy) | $80/¥550 | $80/¥550 |

NOTE:

If the participants request cancellation and refund due to personal reasons, the following refund policy applies.

•As for Cancellation, an email must be sent to the conference secretary, and the cancellation is only considered successful upon approval from the secretary.

•Cancellation before August 30th, 2025 will be acceptable, 70% refunds are available if requested of cancellations before September 10th, 2025. No refunds are available if requested of cancellations after September 10th, 2025.

For more information on our refund policy, please visit <https://www.icsgce.org/reg.html>

Payment Terms

1. **Credit Card** (no handling fee) *Recommended!*

[**http://confsys.iconf.org/online-payment/890003173**](http://confsys.iconf.org/online-payment/890003173)

Please make sure you have VISA or Mastered Card Credit Card before clicking this link. You should also calculate the right amount first before you make the payment. And please fill in the E-mail and Order ID after paying.

|  |  |
| --- | --- |
| Email Address of the Payment | Order ID |
| Total Amount You Paid: | |

1. **PayPal** (US$30 will be additionally charged as handling fee)

Please send online payment to [pay@academic.net](mailto:pay@academic.net) using PayPal and fill in the form below after paying.

|  |  |
| --- | --- |
| Your PayPal Email address: |  |
| Paid Amount: |  |
| Date of Payment: |  |

1. **Bank Account** (US$30 will be additionally charged as handling fee)

Account Name: IACT

Account Number: 3250-3301-2737

Name of Bank: Bank of America

Bank Address: 444 Garey Ave, Pomona, CA 91766

SWIFT Code: BOFAUS3N

Routing number: 026009593

beneficiary address: 95 Shaddy Wood, Irvine, CA, USA

|  |  |
| --- | --- |
| Your Bank Account Name: |  |
| Paid Amount: |  |
| Date of Payment: |  |

ICSGCE 2025

Chengdu