**Registration Form**

18 October - 20 October 2024 | Jilin, China (中国 吉林)

http://www.icsgce.org/

**NOTE:** To avoid delays in registration, please read the entire form carefully. Please submit your Registration Form, and Payment Proof (jpg or pdf format) to conference secretary at secretariat@icsgce.org. A separate registration form is required 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:  |
| \*Will you attend the on-site conference or online conference in Zoom?On-site Conference □ Online Conference□ |
| Special dietary:Diabetic□ Vegetarian□ Muslim□ Other□ (please specify: ) |
| **Receipt title:**  |
| ★**Call For Reviewers/Reviewer Recommendation (if any):** We need a constant supply of new peer reviewers (Dr., Assoc. Prof. and Prof. are preferred). Might you be one? If you would like to volunteer or recommend related scholars, please fill in the following info and we will follow up with it.Full Name, Organization, Position (Prof./ Assoc. Prof./ Dr.): Research Interests: E-mail: |

Conference Fees (USD or CNY)

|  |  |  |  |
| --- | --- | --- | --- |
| CATEGORY | Before 30 June 2024USD/RMB | After 30 June 2024 USD/RMB | Draw an X to show your choice |
| Delegate | 250/1700 | 280/1900 |  |
| Extra Printed Proceedings (Each set) | 80/550 | 80/550 |  |
| Total Amount |  |

**Returns and Cancellation**

• Cancellations must be received in writing (email) to the Conference Secretary. Cancellations will not be deemed to be received until you have written confirmation from the Conference Secretary.

• Cancellation before August 30th, 2024 will be acceptable, 70% refund for cancellations received before and on September 10th. There will be no refunds for cancellation after September 10th, 2024.

• The losses thus incurred from the force majeure events shall not be liabled and refunds policy shall not apply as well.

• The organizing committees reserves the right to change the dates and place of the conference due to force majeure.

**Payment Terms**

* **Credit Card:** <http://confsys.iconf.org/online-payment/890003173>

Please fill in the E-mail and Confirmation Number after paying. No handling fee.

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

* **Bank Tranfer:**

|  |
| --- |
| Account Name: IACTAccount Number: 3250-3301-2737Name of Bank: Bank of AmericaBank Address: 444 Garey Ave, Pomona, CA 91766SWIFT Code: BOFAUS3NRouting number: 026009593beneficiary address: 95 Shaddy Wood, Irvine, CA, USA |

Please note that $30 handling fee will be charged on regular fee.

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| **Payer (cardholder):**  | **Paid Date: DD/MM/YY** |
| **Paid Amount:**  |

Please be kindly noted that the conference organizing committee is not responsible for attendees’ visa application, transportation, and accommodation, so we suggest you prepare them in advance. No refund will be approved for absence due to personal reasons. For your property safety, please take good care of your belongings, and valuables should be deposited to the front desk during the conference. The conference organizer shall not be responsible for the lost.