# REGISTRATION FORM

Uniting Scholars, Enhancing Research

WCMRP
24 - 25 May, 2027 | Kuala Lumpur, Malaysia

The registration fee covers participation in all conference activities, including coffee breaks, the conference reception, banquet and all lunches during the event. Additionally, each attendee will receive a copy of the conference proceedings with an ISBN. Please note that the registration fee does not include transportation fee, accommodation fee or fees for post-conference tours.

*All questions and inquiries concerning registration and payment should be addressed to*:
info@wcmrp.com

*Please complete this form and email a scanned copy to:*
info@wcmrp.com

| | |
|---|---|
| **Event Name** | **"3rd World Conference on Multidisciplinary Research and Practices (WCMRP-2027)"** |
| **Venue/Place of Event** | **Kuala Lumpur, Malaysia** |
| **Date of Event** | **24-25 May, 2027** |

**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:**<br>Title of the paper:<br>Author's Name: | | | |
| Co-Author's Name & Designation | 1. | 2. | 3. | Guided by:<br>Mail ID:<br>Contact No:<br>Affiliation: |

**PAYMENT INFORMATION**

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| | **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).
- No. of Persons attending the event with you? (Including your Co-authors)_____.
- Will your Guide/HOD/Principal 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 **WCMRP**
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. **WCMRP** 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 **WCMRP** and take necessary action against me.
5. **WCMRP** 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.

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Signature (Author): _____ Date: _____

Remarks: _____