REGISTRATION FORM

e-mail: pharmasummit@apr.in.net

web: https://assopharm.com/pharmaceutical-sciences-conference/

Registration fee covers access to all the sessions, Conference kit, International Certificate of participation, networking & refreshment breaks and lunch during the conference. In addition, each registrant will receive a copy of the conference proceedings

with ISBN

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| *All questions and inquiries concerning registration and payment should be addressed to*:  *pharmasummit@apr.in.net* | *Please complete this form and email a scanned copy to:*  *pharmasummit@apr.in.net* |

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| Name of Conference |  |
| Conference Date |  |
| Venue of Conference |  |

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

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| Full Name |  | | Highest Qualification |  | |
| Affiliation/Designation |  | | | | |
| Organization Name |  | | | | |
| Country |  | | Passport Number: | | |
| Mobile(With Country code) |  | | Email |  | |
| ACCEPTED PAPER INFORMATION | **Paper ID:**  Title of the paper:  Author’s Name: | | | | |
| Accompanying Person’s Details | 1. | 2. | 3. | | Accompanied by: Mail ID:  Contact No: |

**PAYMENT INFORMATION**

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# ADDITIONAL INFORMATION

⦿ Will you present physically at the event (Y/N).

⦿ No. of Persons attending the event with you?(Including your Co-authors) .

**Cancellation Policy:**

*If the registrant is unable to attend, keeping in view of advance payments towards Venue, Printing, Shipping, Hotels and other overheads, following cancellation policy is applicable.*

1. *30-45 days before conference- 40% refundable*
2. *No refunds will be done one month prior to the conference*

Photo Here

(the photo should match your Passport)

Signature (Author):   Date: 

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