

**REGISTRATION FORM**

Email: bsn@ubd.edu.bn

Website: https://borneostudies.org/



*Payment of a registration fee covers the cost to attend conference activities, coffee breaks, conference reception, short excursion and all lunchies during the conference. In addition, each registrant will recieive a copy of the conference certificate.*

*Notice that this registraion fee does not cover transportation fee, accomodation fee and after conference fee.*

*All questions and inquires concerning registration and payment should be addressed to* ***bsn@ubd.edu.bn***

*Please complete this form and email to* ***bsn@ubd.edu.bn***

***PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FROM FOR EACH CONFERENCE PARTICIPANT***

|  |  |
| --- | --- |
| Full Name |  |
| Affliation/Designation |  |
| Mailing Address |  |
| City, Zip, Country |  | Passport Number |  |
| Mobile No. with Country code |  | Email |  |
| PAPER INFORMATION | Tile of the Paper |  |
| Author’s Name |  |
| Co-Author’s Name and Designation | 1. |
| 2. |
| 3. |
|  |
| Presentation Type |  Oral |  Poster |
| Attending Conference as |  | Date of Payment:17 March until 3 May 2025 | Date of Payment:4 May to 20 May |
| Participant |  Early Bird: **BND 80** |  Standard Fee: **BND 100** |
| Presenter |  Early Bird: **BND 64** |  Standard Fee: **BND 80** |
| Student |  Free |
| Refund policy | Fee paid is 40% refundable. No refunds after 3 May 2025 |
|  |
| PAYMENT INFORMATION |
| Total Amount (BND) | Bank Name | Remitter | Date | Reference. No. |
|  |  |  |  |  |

***Note: It is mandatory to prove a scan copy of ID proof/Passport along with this Registration form***

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| *ADDITIONAL REMARKS (if any)* |
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**Declaration and Undertakings:**

1. *I agree to the cancellation and refund policy stated by the Office BSN Secretariat and will communicate any requests in writing to* *bsn@ubd.edu.bn**.*
2. *I understand that the Office BSN Secretariat is not responsible for my travel or accomodation arrangements and any losses due to changes in the event format, venue, or schedule.*
3. *I acknowledge that my registration is non-refundable but may be credited for another BSN conference within one year, as per the polic.*
4. *I accept that the Office BSN Secretariat reserves the right to conduct the conference in physical format, and no refund will be provided.*
5. *I confirm that I have read and agree to the terms and conditions on the website and will submit the payment upon receiving instruction after submitting registration form.*

*Signature (Author): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*