

## Registration Form

Contact author given name \_\_\_\_\_ family name \_\_\_\_\_

Contact author email \_\_\_\_\_

Contact author phone number +country \_\_\_\_ number \_\_\_\_\_

Author list: \_\_\_\_\_

\_\_\_\_\_

Paper short title \_\_\_\_\_

Payment made by: Given name / family name \_\_\_\_\_

**Payment by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PayPal Details:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bank Name/Branch** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province/State/Country** \_\_\_\_\_

**Author Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

Please print this form, fill in the required information, and kindly send it together with a scanned copy of the bank transfer transaction to [payment@innovativeresearchpublication.com](mailto:payment@innovativeresearchpublication.com) as proof of payment.

Scan it and send to [charicrispandanon@gmail.com](mailto:charicrispandanon@gmail.com)