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Event Name	International Conference on Teaching and Learning Methodologies (ICTLM)
Venue/Place of Event	Lae, Papua New Guinea
Date of Event	23rd - 24th April, 2020

KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

Author's Full Name (Prof./Dr./Mr./Mrs.)			Highest Qualification		
Affiliation/Designation				Nationality	
Mailing Address				Age	
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ACCEPTED PAPER INFORMATION	Paper ID: Title of the paper:				
Co-Author's Name & Designation	1.	2.	3.	Guided by: Mail ID: Contact No: Affiliation:	

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)_____.
- ☐ Will your Guide/HOD/Principal attending will attend the Event? _____(Y/N).
- ☐ Total years of Experience (if any Academic and Industry) _____.
- ☐ Do you authorize us to forward your paper for **Publication in International Journals** after Conference: _____(Y/N).

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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. ICTLMhas all rights reserved to shift the venue, rescheduling the date of the Event at any time.
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