



Academic Organization for Advancement of Strategic and International Studies (Academic OASIS)

Registration Form

SECTION 1: CONTACT INFORMATION

TITLE:		FIRST NAME:		LAST NAME:	
ADDRESS:			CITY:		
			ZIP/ POST CODE		
COUNTRY:			E-MAIL:		
FACULTY/DEPARTMENT					
AFFILIATION (NAME OF UNIVERSITY/ORGANIZATION)					
FIELD OF RESEARCH					

SECTION 2: PAPER PRESENTATION

Are you presenting a paper or participating as an observer	<input type="checkbox"/> Presenter <input type="checkbox"/> Observer ONLY	If you are presenting a paper, how many are you presenting?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Name of you Paper Or Abstract:			

SECTION 3: PAYMENT INFORMATION

Please indicate which code and description you are paying for (refer to the fee schedule) and tick the payment option you choose to pay by. For payments, please fill in all relevant information below.

Code:	Description:	Amount: USD \$
Bank name		
Bank address		
City and state		
Account number		
RTN/ABA		
Beneficiary		
SWIFT BIC		
Sign:		DATE:

PLEASE NOTE: Receipts will be provided on the conference registration day unless urgently required.