A red eagle with wings on a black background

Description automatically generated

**Registration Form  
e-mail:** support@labtechinnovations.com  
**web:** www.icspcs.labtechevents.com

Payment of a registration fee covers the cost to attend all conference activities, Tea-coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN. Notice that this registration fee does not cover transportation fees, accommodation fees, and after-conference tour fees.

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| All questions and inquiries concerning registration and payment should be addressed to: [support@labtechinnovations.com](mailto:support@labtechinnovations.com) | Please complete this form and email a scanned copy to: [support@labtechinnovations.com](mailto:support@labtechinnovations.com) |

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| Event Name | International Conference Signal Processing and Communication Systems (ICSPCS - 24) |
| Venue/Place of Event | Bengaluru, India |
| Date of Event | 19th - 20th Dec, 2024 |

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| **PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT** | | | | | | | |
| Full Name |  | | Highest Qualification | |  | | |
| Affiliation/Designation |  | | | | | | |
| Mailing Address |  | | | | | | |
| City, Zip, Country |  | | | Passport Number: | | | |
| Mobile (With Country code) |  | | | Email | |  | |
| ACCEPTED PAPER INFORMATION | Paper ID:    Title of the paper:  Author’s Name: | | | | | | |
| Co-Author’s Name & Designation |  | 2. | | 3. | | | Guided by:  Mail ID:  Contact No:  Affiliation: |

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**ADDITIONAL INFORMATION**

1. Will you present physically at the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N)?
2. No. of Persons attending the event with you? (Including your Co-authors)\_\_\_\_\_\_.
3. Will your Guide/HOD/Principal attend the Event? \_\_\_\_\_\_\_\_\_(Y/N).

**DECLARATION & UNDERTAKING**

1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to the conference.
2. I will not cause or be involved in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue in any Country during my Visa Period.
3. A Labtech conference has all rights reserved to shift the venue or reschedule the date of the Event.
4. I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong my registration for the event will be canceled by Labtech Innovations and take necessary action against me.
5. A Labtech conference is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper in any country during the Event.

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

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** It is mandatory to provide a scanned copy of your ID Proof /Passport along with this Registration form