**55th International Online Business Research Conference**

**DATES: 6-7 June 2013**

**VENUE: SHERATON LAGUARDIA EAST HOTEL, NEW YORK, USA**

**e**

**Date: 25-26 September 2021 | Venue: 31 Blake Street, Melbourne, Australia**

**Conference Registration Form**

All participants are required to complete this registration form and return in MS Word format to Dr. Mohammad Hoque via haqz53@gmail.com or Fax to (Australia): +61 3 9702 0122 by 10 September 2021.

**SECTION 1: CONTACT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE:** | **Mr** **Mrs** **Miss** **Ms** **Dr** **Prof.**  **Other, specify:** | | | | |
| **FIRST NAME:** |  | | **LAST NAME:** |  | |
| **ADDRESS:** |  | | **MAIN TELEPHONE:** |  | |
|  |  | | **WORK TELEPHONE (if different)** |  | |
|  |  | | **HOME TELEPHONE** |  | |
| **TOWN/CITY:** |  | | **MOBILE PHONE:** |  | |
| **POST CODE;** |  | | **PRIMARY EMAIL:** |  | |
| **COUNTRY;** |  | | **SECONDARY EMAIL:** |  | |
| **FACULTY/DEPARTMENT/SCHOOL:** | |  | | | |
| **AFFILIATION (NAME OF UNIVERSITY/INSTITUTE):** | |  | | | |
| **BROAD FIELD OF RESEARCH**  **(eg. Banking, Management, etc):** | |  | | | |
| **Are you willing to serve as a Reviewer** | | **Yes No** | **Are you willing to work as a reviewer:** | | **Yes No** |
| **How did you hear about this conference?** | | **Direct Email** **Websites (Please Specify) :**  **Other (Please Specify) :** | | | |

**SECTION 2: PAPER PRESENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you presenting a paper or participating as an observer?** | **Presenting Paper**  **Observer** **ONLY**  **Publication** **ONLY** | **If you are presenting a paper, how many are you presenting?** | **1  2** |
| **Please provide the paper number(s) assigned to you in the acceptance letter(s):** |  | **Do you have a preference for paper presentation date? (Please note we may not be able to guarantee such preference)** | **Yes  No**  **If Yes- which date:**  **25 Sep  26 Sep** |
| **Would you like your paper to be included in the online refereed conference proceedings?** | **Yes No**  **If Yes- Please choose what you would like to upload to the proceedings**  **Abstract  Full Paper** | | |

**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 credit card payments, please fill in all relevant information below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code:** | |  | **Description:** | |  | | | | **Amount:** | | **USD** | |
| **Credit Card** | | | | | | **International Transfer** | | **Paypal** | | | | |
| **Type of Card:**  Mastercard  Visa | | | | | | **Pay to:** Global Research Institute for Business Academics | | **Pay to:** [njahanwbi@gmail.com](mailto:njahanwbi@gmail.com) (for Paypal account Holders) | | | | |
| **Name on Card:** | | | | | | **BSB No:033612** | **Account No:189503** | | **OR** | | | | |
| **Card Number:** | | | | | | **Swift Code:** WPACAU2S | | **Email:** Nuha Jahan via [njahanwbi@gmail.com](mailto:njahanwbi@gmail.com) | | | | |
| **Expiry Date:** | | | | | | **Bank Name:** Westpac Banking Corporation | | For non Paypal account holders for an invoice to be emailed to you | | | | |
| **PLEASE NOTE: The Credit Card will be processed by GRIBA** | | | | | | **Address:** 37 High Street, Berwick, Melbourne, Victoria 3806, Australia | |  | | | | |
|  | | | | | |  | | **Western Union**  **Please Quote MTCN:**  **Money Gram**  **Please Quote Ref. No:** | | | | |
| **Declaration:** I agree that I cannot claim back the registration fee I paid under any circumstance. | | | | | | | | | | |
| **SIGNED:**  **(or write name here)** | | |  | | | **DATE:** | | |  | |

**PLEASE NOTE:** R**eceipts will be provided before the conference registration day (26 Sep 2021) unless urgently required.**