

14th Annual London Business Research Conference

Date: 6-7 August 2020 | Venue: Imperial College London, UK

Conference Registration Form

All participants are required to complete this registration form and **return in MS Word format** to Dr. Mohammad Hoque via worldpap@gmail.com or Fax to (Australia): +61 3 9702 0122 by 24 July 2020.

SECTION 1: CONTACT INFORMATION

TITLE:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof.	<input type="checkbox"/> 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 session chair:	<input type="checkbox"/> Yes <input type="checkbox"/> No			Are you willing to work as a reviewer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about this conference?	<input type="checkbox"/> Direct Email <input type="checkbox"/> Websites (Please Specify) : <input type="checkbox"/> Other (Please Specify) :						

SECTION 2: PAPER PRESENTATION

Are you presenting a paper or participating as an observer?	<input type="checkbox"/> Presenting Paper <input type="checkbox"/> Observer ONLY <input type="checkbox"/> Publication ONLY	If you are presenting a paper, how many are you presenting?	<input type="checkbox"/> 1 <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes- which date: <input type="checkbox"/> 6 Aug <input type="checkbox"/> 7 Aug
Would you like your paper to be included in the online-refereed conference proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes- Please choose what you would like to upload to the proceedings <input type="checkbox"/> Abstract <input type="checkbox"/> 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:	US \$
Credit Card <input type="checkbox"/>	International Transfer <input type="checkbox"/>	PayPal <input type="checkbox"/>	
Type of Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Pay to: Global Research Institute for Business Academics	Pay to: njahanwbi@gmail.com (for PayPal account Holders)	
Name on Card:	Account No: 189503 BSB: 033612	OR	
Card Number:	Swift Code: WPACAU2S	Email: Nuha Jahan via 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 Business Care Australia	Address: 37 High Street, Berwick, Melbourne, Victoria 3806, Australia		
		Western Union <input type="checkbox"/> Please Quote MTCN: Money Gram <input type="checkbox"/> 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: Receipts will be provided on the conference registration day (6 Aug 2020) unless urgently required.