

Pre-Registration Form

First Name: Mr./Mrs./Ms.....Last Name (in Capital).....

Designation: Prof./Dr.....

Address:.....Tel:.....Fax:.....

Email:.....Nature of presentation (tick one): Oral Participation only Exhibition

Proposed title for the paper/poster:.....

Thematic Area.....Tour Preference:.....

Special request if any:.....

Signature:.....Date:.....

To:

The Secretary
SABC 2017
Kathmandu, Nepal