

Scientific Research Center

Registration Form

All members are required to complete this registration form and **return in MS Word format** .

SECTION I: 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:	
STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		BIRTH DATE :
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 center?	<input type="checkbox"/> Direct Email <input type="checkbox"/> Websites (Please Specify) : <input type="checkbox"/> Other (Please Specify) :		

Declaration: I accept that I have given the correct information and I am responsible for any wrong information.

SIGNED: (or write name here)		DATE:	
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