



# LISTENER REGISTRATION FORM

Call: +91 9344546233  
E-mail: team@sairap.org  
Website: www.sairap.org

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

All questions and inquiries concerning registration and payment should be addressed to: team@sairap.org

Please complete this form and email a scanned copy to: team@sairap.org

Event Name	
Venue/Place of Event	
Date of Event	

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

<b>Listener ID</b>			
Full Name		Highest Qualification:	
Affiliation/Designation			
Mailing Address			
City, Zip, Country		Passport Number:	
Mobile (With Country code)		Email:	

## PAYMENT INFORMATION

Total Amount (USD)	Bank Name	Remitter	Date	Ref. No
	<b>For online transfer</b> (Debit card/Credit card/Online Banking)	<b>Order ID/Traction ID:</b>		

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

## ADDITIONAL INFORMATION

- Will you present physically at the event \_\_\_\_\_ (Y/N).
- No. of Persons attending the event with you? (As a Listener's) \_\_\_\_\_.
- Will your Guide/HOD/Principal attending will attend the Event? \_\_\_\_\_ (Y/N).

### Declaration & Undertaking:

1. I agree to the cancellation and refund policy stated by SAIRAP and will communicate any requests in writing to team@sairap.org
2. I understand that SAIRAP is not responsible for my travel or accommodation arrangements and any losses due to changes in the event format, venue, or schedule.
3. I acknowledge that my registration is non-refundable but may be credited for another SAIRAP conference within one year, as per the policy.
4. I accept that SAIRAP reserves the right to conduct the conference in physical or virtual format, and no refund will be provided for such changes.
5. I confirm that I have read and agree to the terms and conditions on the SAIRAP website and will submit the registration form within 3 days of payment.

Signature (Listener): \_\_\_\_\_ Date: \_\_\_\_\_

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