**Registration form for CAF2024**

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| **Personal information** | | |
| Name (The same name provided in the abstract of your paper, if submitted): | | |
| First (given) name: | | |
| Middle name: | | |
| Last (family) name: | | |
| Affiliation (The address provided in the abstract of your paper, if submitted): | | |
| Company (university, institute, organization): | | |
| PO Box or Unit number, street and number: | | |
|  | | |
| City: Province: Country: Postal code: | | |
| Phone number (work): | | Cell phone: |
| Email: | | |
| **Paper 1 information, if submitted:** | | |
| Title of the paper: | | |
| Authors list (the same order as in your abstract, if submitted): | | |
| Corresponding author: | | |
| Presenter if different from Corresponding author: | | |
| **Paper 2 information, if submitted:** | | |
| Title of the paper: | | |
| Authors list (the same order as in your abstract, if submitted): | | |
| Corresponding author: | | |
| Presenter if different from Corresponding author: | | |
| **Workshops**  Will attend workshop on Monday (August 19, 2024): Yes/No  Will attend workshop on Tuesday (August 20, 2024): Yes/No | | |
| **Registration and payment information** | | |
| Total payment: | Please tick registration items: Full registration (C$800); Student registration (C$400); Developing country participant registration (C$400); Partner registration (C$400) | |
| Payment method (List one of the following: money order, bank draft, credit card, or bank transfer) and email the proof of payment to digvir.jayas@umanitoba.ca: | | |
| **Money order or bank draft** (Use the following information for your money order or bank draft): | | |
| The payee's name: CAF2024 | | |
| The payee's address: 49 Westwater Drive, Winnipeg, MB, Canada R3X2G2 | | |
| **Credit card** (Please submit payment via Payment button towards the bottom of the website) | | |
| **Direct Transfer to CAF2024 Account** (please email to Digvir.Jayas@umanitoba.ca for the required information) | | |
| **For pre- and post-conference tours**, please contact the tour provider(s) directly. | | |
| **Submission** | | |
| Please mail money order or bank draft to: Dr. C.B. Singh, Unit 314, 620 Columbia Blvd West, Lethbridge, AB, CANADA T1K 7A8.  **Please send this completed form to digvir.jayas@umanitoba.ca** | | |