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| Science Council of asia conference (SCA -16)**Registration Form**(Note: Early Bird Registration on or before March 25, 2016) |
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| Please tick (√) the boxes or provide information requested |
| Prefix: (tick √) | Prof  |  Dr  | Mr  | Ms  |
| Name (underline family name): |  |
| Mailing Address  | No/Street: |  |
| City: |  | ZIP Code: | Country: |
| Telephone (with country code) |  |
| E-mail address |  |
| Passport No: |  |
| Institutional Affiliation/Designation |  |
| If you are from a SCA Member organization, organization name |  |
| Accompanying Person (if any) |  |
| Tentative Dates/Flight no./Times | Arrival  |  |
| Departure  |  |
| Do you wish us to book you rooms at Hotel Galadari/Colombo City Hotel(Payment to Hotel at check-out) | Yes No If Yes, No. of nights From To |
| Preferred Hotel | Galadari Colombo City |
| Would you be interested in Excursions | Conference Excursion on June 2, 2016Ruined Cities Excursion June 3-5, 2016  |
| Do you plan to present a Paper at the Symposium | Yes NoPreference: Oral Poster  |
| Are you an official delegate to SCA ? | Yes No If yes, representing:  |
| Method of Payment of the Registration Fee | Cheque/Bank Draft |  | Bank Transfer |  | Payment on Arrival |  |
| Please give details (Cheque No/Transfer Ref.) |

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| **Completed form to be sent to:** | **E-mail: sca16srilanka@gmail.com** |
| **Mail:** NASSL, 120/10, WijeramaMawatha, Colombo 00700, Sri Lanka |

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| **Banking Details** | **Account Name:**  National Academy of Sciences of Sri Lanka**Account No:**73178508**Bank Name:**  Bank of Ceylon **SWIFT Code:**BCEYLKLX**Branch Name :**Independence Square Branch, Colombo 00700 |

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