



REGISTRATION FORM

Online registration available at
<http://www.ipbl.edu.my/icare/regform.cfm>



INTERNATIONAL CONFERENCE ON ACTION RESEARCH IN EDUCATION
23-24 September 2014 **Pullman Hotel, Kuching, Sarawak, Malaysia**

Personal Particulars

Fullname : _____ Gender : _____

Affiliation : _____ Designation : _____

Address : _____

Postcode : _____ Town/City : _____ Country : _____

Email : _____ Tel. No. : _____

Registration Particulars

Participation : Presenter Participant Student Presenter Student Participant

Category : Local International Fee : RM _____ / USD _____

Payment Mode : Cheque/Bank Draf No. : _____

Bank in/Telegraphic Transfer Swift code : _____

Meal Particulars

Meal Preference : Non-vegetarian Vegetarian

Declaration

I hereby declare that the information given above is correct and agree that all work submitted will become the property of iCARE 2014 organisers.

Date : _____

Signature : _____

For Secretariat Use

Date received : _____

Officer's name : _____