

REGISTRATION FORM

Name : _____

Student ID : _____ MASTER PhD

Nationality : _____

Organization : _____

Address : _____

Tel: _____ Fax: _____ Email: _____

Participation:

Oral
 Poster
 Just Attendance

Category of Presentation:

Pest Management
 Ecology/
Behaviour

Diagnostics/Identification/
Taxonomy
 Plant-Pest Interaction/Epidemiology

Title of paper:

Registration Fee: RM 150.00 (One registration for each paper)

Dietary request: Vegetarian Non vegetarian

Along with this **REGISTRATION FORM**, presenters **MUST** also submit their abstract using the **ABSTRACT SUBMISSION FORM**.

For Secretariat Use Only:

Date received: _____ Date of payment: _____

ABSTRACT SUBMISSION FORM

Authors & Affiliation <i>(underline the Presenter's name)</i>			
Presenter's Contact	Email:	Telephone:	
Category (" <i>X</i> " the most suitable)	<input type="checkbox"/>	Pest Management	<input type="checkbox"/>
	<input type="checkbox"/>	Ecology/ Behaviour	<input type="checkbox"/>
Format (" <i>X</i> " only one)	<input type="checkbox"/>	Poster	<input type="checkbox"/>
	<input type="checkbox"/>	Oral	<input type="checkbox"/>
Abstract (250 words maximum. Please clearly state your study's background, objectives or hypotheses, methods and results.)			