



IASDC 2019 IN CONJUNCTION WITH 3RD ICPCP 2019 REGISTRATION FORM

<http://counselingmalaysia.com/index.htm>

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception, and all lunches during the conference. 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:
info@psychology.com.my

Please complete this form and email a scanned copy to:
info@psychology.com.my

| | |
|----------------------|--|
| Event Name | INTERNATIONAL AUTISTIC SPECTRUM DISORDERS CONFERENCE (IASDC) 2019 IN CONJUNCTION WITH: THE 3RD INTERNATIONAL CONFERENCE OF PSYCHOTHERAPY, COUNSELING & PSYCHIATRY: <i>THEORIES, RESEARCHES & CLINICAL PRACTICES</i> |
| Venue/Place of Event | International Psychology Centre |
| Date of Event | 23th of March till 29th of March 2019 |

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

| | | | |
|-------------------------------------|-----------------------------|---------------------|--------------------|
| Full Name (Prof./Dr./Mr./Mrs/Ms) | | Profession | |
| Affiliation/Designation | | | Nationality |
| Correspondence Address | | | Age |
| Country | | IC/Passport Number: | |
| Mobile (With Country code) | | Email address: | |
| <input type="checkbox"/> | SUBMITTED PAPER INFORMATION | Title of the paper: | |
| <input type="checkbox"/> | ACCEPTED PAPER INFORMATION | Title of the paper: | |

Please tick the box(es) to indicate your preferred events according to your payment date.

| | | Early bird rate (on or before 31/1/19) | | Normal rate |
|-----------------------------------|--------------------------|--|--------------------------|-------------|
| Conference Full Registration | <input type="checkbox"/> | USD 324 | <input type="checkbox"/> | USD 389 |
| Student Registration | <input type="checkbox"/> | USD 225 | <input type="checkbox"/> | USD 270 |
| Sound Therapy workshop | <input type="checkbox"/> | USD 123 | <input type="checkbox"/> | USD 148 |
| ReAttach Therapy Level 1 Workshop | <input type="checkbox"/> | USD 243 | <input type="checkbox"/> | USD 292 |
| ReAttach Therapy Level 2 Workshop | <input type="checkbox"/> | USD 243 | <input type="checkbox"/> | USD 292 |

PAYMENT INFORMATION

| Total Amount (USD) | Bank Name | Remitter | Date | Ref. No |
|--------------------|-----------|--|---------------------------------|---------|
| | | | | |
| | | For online transfer (Debt card/Credit card/Online Banking) | Order ID/Transaction ID: | |
| | | For bank transfer (Foreign Bank) | SWIFT code: | |

Please transfer to the following bank account:

Maybank account number: **514114442749**

Account name: **International Psychology Centre**

IPC bank address: **No. 3, Jalan Desa, Taman Desa, 58100 Kuala Lumpur.**

The link to credit/debit cards payment:

<https://www.eventbrite.com/e/iasdc-in-conjunction-with-the-3rd-international-conference-of-the-ispcp-tickets-54090911372?utm-medium=discovery&utm-campaign=social&utm-content=attendeeshare&aff=escb&utm-source=cp&utm-term=listing>

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

ADDITIONAL INFORMATION

- Will you present physically at the event? (Y/N).
- No. of Persons attending the event with you? _____.
- Total years of Experience (if any Academic and Industry) _____.
- Are you a student? (Y/N).

Declaration & Undertaking

- 1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to Malaysian Association of Psychotherapy.*
- 2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.*
- 3. Malaysian Association of Psychotherapy has all rights reserved to shift the venue, rescheduling the date of the Event.*
- 4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by Malaysian Association of Psychotherapy and take necessary action against me.*
- 5. Malaysian Association of Psychotherapy is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.*

Signature: _____ Date: _____