

Professional Paper Development Workshop Registration Form

LAU Beirut Campus
April 23 – 24, 2019

Paper Title: _____

Prof. Dr. Mr. Mrs. Ms.

Surname _____
First Name _____
Position/Title _____
Name on the badge _____
Institution/Organization _____
Country _____

CONTACT DETAILS

Telephone number _____
Mobile phone number _____
Email Address _____

PREFERENCE TO PRESENT

Please indicate below your 1st, 2nd and 3rd preferences:

Beirut Campus _____
Tuesday, April 23 (A.M) _____
Tuesday, April 23 (P.M) _____
Wednesday, April 24 (A.M) _____
Wednesday, April 24 (P.M) _____

PRESENTATION TIME

By having selected any of the above preferences, you will be entitled to 30 minutes for your paper presentation and comments from editors.

FEES

Conference registration fees USD 375