***CONFERENCE REGISTRATION FORM***

|  |  |
| --- | --- |
| **Title** (Professor./ Student / Industrial / Other ) : | **………………………………………………………………….** |
| **Civility** (Mr. /Mrs. /Miss ) : | **………………………………………………………………….** |
| **Family Name  :** | **………………………………………..** | **Given Name :** | **…………………………………………..** |
| **Affiliation :**  | **…………………………………………………………………………………………………………….** |
| **Address :** | **……………………………………………………………………………………………………………..** |
| **Zip Code  :** | **…………….** | **City** : | **……………………** | **Country** : | **……………………** |
| **Email :**  | **……………………………………………………………….** | **Phone :** | **……………………** |
| **Paper ID :** | **……………………………………………………………………………………………………………..** |

**REGISTRATION FEES INCLUDE**

* Conference Proceedings
* Attendance at all scientific sessions of ICMBEST 2024
* Congress material (printed program, abstract book/stick, bag)

**REGISTRATION FEES (before 05 Mai 2024)**

|  |  |  |
| --- | --- | --- |
|  | Moroccans (dh) | Others (Euros) |
|  | Student  | 700 DH  | 100 € |
|  | Academics | 1200 DH | 200 € |
|  | Industrials | 4000 DH | 400 € |
|  | **Publication fees accepted (Indexed Scopus)** | 500 DH (50 €) |

**PAYMENT**

Payment must only be made through "**Bank Transfer**".

Please send the payment proof (scanned copy) to Secretary ICMBEST at **icmbestfez2024@gmail.com**.

|  |
| --- |
| **PAID ON THE NAME OF:** |
| **Association (MOASS) :****MOROCCAN ASSOCIATION OF SCIENCES**  |
| **BY BANK TRANSFER: BANK DETAILS:** |
| **Bank** | CIH BANK : 092 MEKNES IBN KHALDOUN  |
| **Address** | PROG. IBN KHALDOUN AVENUE DES F.A.R MEKNES |
| **City** | MEKNES |
| **Country** | MOROCCO |
| **RIB** | 230480565295222100920029 |
| **SWIFT** | CIHMMAMC |
| **IBAN** | MA |