**Registration Form**

December 6-8, 2025 | Jakarta, Indonesia

**NOTE:** To avoid delays in registration, please read the entire form carefully. Kindly submit your completed Registration Form (docx.) and Payment Proof of applicable registration fee to conference secretary via iccea@zhconf.ac.cn**.** A separate registration form is required for each participant.

Participant Information

\*Compulsory items

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***Registrant Name: | | | | | Male□ Female□ |
| \*Prefix: | | | | | \*A clear photo |
| \*Affiliation: | | | | |
| \*Valid Shipping Address: | | | | |
| \*Country: | \*State/Province: | | \*City: | |
| \*Tel.: | | \*ZIP/Post Code: | | |
| \*E-mail: | | | | Student ID Number: | |
| \*Will you attend conference in person? YES / NO | | | | | |
| Special dietary:  Diabetic□ Vegetarian□ Muslim□ Other□ (please specify: ) | | | | | |
| **Receipt Requirements:** | | | | | |
| ★**Call For Reviewers / Reviewer Recommendation (if any):**  We need a constant supply of new peer reviewers (Dr., Assoc. Prof. and Prof. are preferred).  Might you be one? If you would like to volunteer or recommend related scholars, please fill in the following info and we will follow up with it.  Full Name + Organization + Position (Professor/ Associate Professor/ Doctor):  Research Interests:  Email: | | | | | |

Registration Fee

|  |  |  |
| --- | --- | --- |
| **Items** | **Rate** | **Qty** |
| Delegate/Accompanying Person | 320 USD |  |
| One-day Tour | 120 USD |  |
| Total Amount |  | |

**Refund Policy**

• Cancellations must be received in writing (email) to the Conference Secretary. Cancellations will not be deemed to be received until you have written confirmation from the Conference Secretary.

• Cancellation before September 30, 2024 will be acceptable, 70% refund for cancellations received before and on October 30, 2024. There will be no refunds for cancellation after October 30, 2024.

• The losses thus incurred from the force majeure events shall not be liabled and refunds policy shall not apply as well.

• The organizing committees reserves the right to change the dates and place of the conference due to force majeure.

Payment Terms

1. **Payment by Credit Card** (No handling fee)

[**https://confsys.iconf.org/awxpay**](https://confsys.iconf.org/awxpay)

**Please fill in the E-mail and Confirmation Number after paying.**

|  |  |
| --- | --- |
| Email Address of the Payment | Confirmation Number |
| **Total Amount You Paid:** | |

1. **Bank Transfer** ($30 handling fee, needs to be paid with the regular fee at once)

|  |  |
| --- | --- |
| Account Name: IACT  Account Number: 3250-3301-2737  Name of Bank: Bank of America  Bank Address: 444 Garey Ave, Pomona, CA 91766  SWIFT Code: BOFAUS3N  Routing number: 026009593  beneficiary address: 95 Shaddy Wood, Irvine, CA, USA | Please fill in below info after transaction have been made.  Payer’s Account Name:  Paid Amount (USD only):  Paid Date(DD/MM/YY): |

Please be kindly noted that the conference organizing committee is not responsible for attendees’ visa application, transportation, and accommodation, so we suggest you prepare them in advance. No refund will be approved for absence due to personal reasons.

For your property safety, please take good care of your belongings, and valuables should be deposited to the front desk during the conference. The conference organizer shall not be responsible for your lost.

Organizing Committee of ICCEA 2025

Jakarta